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UNIVERSITY OF ALBERTA

WOMEN'S EXPERIENCE OF UNEXPECTED PREGNANCY

by

Patricia Marck

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A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF NURSING.

FACULTY OF NURSING

EDMONTON, ALBERTA

FALL 1991

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled WOMEN'S EXPERIENCE OF UNEXPECTED PREGNANCY submitted by PATRICIA BERYL MARCK in partial fulfillment of the requirements for the degree of MASTER OF NURSING.

.....
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Date: Sept 3 1991

DEDICATION

This work is dedicated to my parents. I am forever grateful to them for a childhood which nurtured me into woman and mother.

ABSTRACT

The experience of unexpected pregnancy is related to several important issues for women, including contraception, sexual behaviour, and in pregnancy, the experiences of birth and mothering, birth and relinquishment for adoption, and abortion. Despite the significance of unexpected pregnancy for many women, little is written about this experience in women's own words.

The purpose of this research was to explore the experience of unexpected pregnancy for women who felt that they needed to make a choice about their pregnancy. A phenomenological, hermeneutical method was used to engage four women in conversations oriented towards the question: "What is this pregnancy like for you?"

Among the women, continuing pregnancy, abortion, and adoption were all considered. From their distinct experiences, several common themes were identified. First, women in unexpected pregnancy search for someone to listen to and accept their words. Further, women in pregnancy enter a dialectic between body and self which informs their choices: women who move from that body-self dialectic towards accepting their pregnancies become aware of a unique relation of self-other in the developing fetus, and women whose body-self dialectic threatens their sense of self suspend or abort the relation with any self-other, until they feel safe to consider it on their own terms.

Additionally, every woman's sense of self, which was deeply bound up in her commitments to others in her life, founded the place from which she imagined becoming a mother from this pregnancy. Imagining or becoming a mother brought the pain of searching for a place for her child or possible child: mothering pains. The useful nature

of mothering pains, for each woman, came from finding someone who would listen to their experience, and allow them to give voice to their pain.

Caregivers may enter their own dialogue with this work, to consider their comportment with women who make choices in unexpected pregnancy. The question which begins this research is one which can guide our future research, practice, moral thought, and education in relation to women: What can women tell us about their experiences; what can we learn from women's words?

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I. UNEXPECTED PREGNANCY: THE UNCHARTED LAND OF WOMEN'S EXPERIENCE

> If the others I need to understand really are actual others in a particular case at hand, and not repeatable instances or replaceable occupants of a general status, they will require of me an understanding of their/our story and its concrete detail. Without this I really cannot know how it is with others towards whom I will act, or what the meaning and consequences of any acts will be. (Walker, 1989, p.18)

In unexpected pregnancy, many women face difficult choices about the outcome of their pregnancies. These women include those who, before pregnancy, could not countenance any choice in pregnancy but birth and motherhood, as well as women who always felt that such choices were theirs to make, or at least should be. Outside of and before pregnancy, therefore, many women have feelings about choice in pregnancy. Within many pregnancies that are unexpected, however, as well as even many planned ones, "choice" changes from scripts based on abstract principles to a call for action grounded in experience: the experience of pregnancy. This belies the notion of choice as understood from outside of pregnancy. Once pregnant, the experience of pregnancy sometimes brings women to different actions than they might have envisioned beforehand. In the experience, their understanding of choice changes.

Regardless of their eventual choices, what remains largely unexplored is the actual experience of pregnancy for these women. Indeed, women's experience as a whole remains largely uncharted land. In Morris (1978), *land* means, among other things, "the solid ground of the earth, especially as distinguished from the sea", and also "to cause to arrive, set down, place" (p.735). For women, the metaphor of land can expand our understanding of the purpose of our search for knowledge. To Gadow, the meanings

situated in human experience are analogous to places that "cannot be drawn on a map but that define the nature of the land as markedly as its geography, meanings that are its geography for people whose lives are bound up with it" (1990, p.10). We seek knowledge of human experience not to order the world, but to "recover the world and our place within it" (Gadow, 1990, p.7). Yet in unexpected pregnancy, we do not know what the ground of women's experience looks like, feels like, or means; few women have ever been asked. We remain at sea in assisting women who feel the need to make choices about their pregnancies; we do not know what it is like for them.

Our need to recover more knowledge about women's experience of unexpected pregnancy stems from many growing concerns in women's health. Current Alberta statistics indicate that the incidence of abortion is increasing, the percentage of repeat abortion is significant (20.7%), and that 80-90% of teenage mothers now keep their babies, rather than surrender them for adoption (Alberta Health, 1989; MacDonald & Fraser, 1989). In some settings, nurses provide the bulk of counselling and education which women with unexpected pregnancy receive, for both choosing a course of action for their pregnancies, and in considering future contraceptive options (MacKay & Marck, 1990; Wright, 1990). Effective nursing care in response to these concerns begins with understanding women's experience of unexpected pregnancy, if sensitivity to their needs during this experience is to be achieved.

Understanding the nature of unexpected pregnancy for women may also be foundational to effective planning, delivery, and evaluation of nursing care for women facing a variety of reproductive choices throughout their lives. Indeed, if we are ever to

shed further light on the complex interwoven nature of the various choices women face in sexuality, contraception, pregnancy, childbirth, and parenting, research that asks women about unexpected pregnancy is long overdue. Without such inquiry, we remain ignorant of both the nature of unexpected pregnancy for many women, and of our place as caregivers with them, during their experience. In effect, women's experience of unexpected pregnancy remains uncharted land.

Texture of Being: Understanding the Moral Nature of Human Experience

In a discussion of the relation between moral philosophy and literature, Diamond (1983) speaks about the potential for literature to point towards what we are and what we wish to be, through rich and particular descriptions of people and their actions in human situations. Diamond (1983) contends that it is this capacity for narrative to create the "texture of being" (p.162) for its characters that encourages us to exercise moral thought, as we question: " How is it that *this* (whatever feature of the novel it may be) is an illuminating way of writing about *that* (whatever feature of human life)?" (1983, p.167). The narrative in detail brings the character's experience into being for us, and amenable in our imaginations to open questioning.

Perhaps our need to listen to women's narratives about unexpected pregnancy springs most deeply from the current chasm in our moral understanding of women's actions in this experience. The statistics cited above underscore the necessity to abandon the polarized debate which serves neither caregivers or women well, towards a more open-ended and fruitful dialogue. While the increasing volatility of the current debate seems

only to widen the gap between those for and those against choice in pregnancy, a dialogue retains possibilities of growth for both women with different choices, and caregivers with different values (Bergum, 1990a; Marck, 1990b). For such movement to occur in a meaningful direction, "a more informed understanding of the nature of pregnancy itself" (Bergum, 1990a, p.14) is required. Understanding in this sense asks for a "re-vision"; it calls for us "to see the world from women's place in it...(and) question concepts and theories at variance with their own experience" (Callaway, 1981, p.460).

This mode of understanding is also pedagogical in nature (van Manen, 1990a). It means that we question what an experience is for someone, in order to better grasp the meaning of it for that person. These questions of meaning are deeply moral in van Manen's view, as they animate us to engage in reflection that assists us to "act more thoughtfully and tactfully in this and future situations" (1990a, p.181). This fuller notion of tact entails "attuning ourselves to the concrete particulars of situations" in a skillful and responsive manner (van Manen, 1990a, p. 200). Tact as thoughtful attention to situated others thus enables us to incorporate the "moral interest" of human details into our thinking (Diamond, 1983, p.163). That moral interest is the expression of values inherent in human "gestures, manners, habits, turns of speech, turns of thought, styles of face" (Diamond, 1983, p.163).

This "texture of being", evoked by detailed accounts of the particular that "matters, makes differences in human lives" (Diamond, 1983, pp.162-163), allows us to reconsider how we wish to ethically comport ourselves as caregivers (Benner, 1990). Better insight

into ethical comportment in health care, or tactful action in van Manen's vision of pedagogical relation with children, does not eclipse the need for moral theory. Instead, accepting tact as a "mode of knowing and a mode of being" (Gadamer, 1982, p.17) broadens and deepens our understanding of what moral knowledge is, and how we may apprehend it. It allows us to account for human experience in our moral theorizing, and prevents premature closure of our thinking about difficult moral issues (Gadamer, 1982; Murray, 1987; Toulmin, 1981).

Text and Tact: A Matter of Trust?

At the same time, this call for a pedagogical, tactful stance towards human experience recognizes that growth in our moral thinking cannot take place without some degree of risk and willingness to venture into the unknown (Diamond, 1983; Evans, 1990). Trust is asked of us, trust that we can trust what our own experience offers up to us, if only we remain in dialogue with it, and with each other (Bergum, 1989a; van Manen, 1990b). With women experiencing unexpected pregnancy, asking questions for the purpose of taking tactful action therefore demands that women's voices and experiences be "heard, received, and understood as authentic" (Heydemann, 1991, p.2). To begin to see our way towards more tactful and ethical care of women in unexpected pregnancy, we must start by trusting their voices, listening with them to their experiences. The rising concerns in women's health discussed above suggest that when we fail to do so, it is at great cost to us all.

Related to these concerns is a need to reframe the language in which we talk of women's experience (Bergum, 1990a; Goldenberg, 1990; Kristeva, 1981). Kaplan (1983)

notes that Kristeva connotes the word "woman" to mean "that which is not represented, that which is unspoken, that which is left out of meanings and ideologies" (as cited in Kaplan, 1983, p.33). Perhaps the uniquely female bodily experiences of pregnancy, miscarriage, abortion, childbirth, and breastfeeding call for us to seek "a specific discourse closer to the body and the emotions" (Kristeva, 1981, pp.24-25), one that gives women's experiences their own female voice.

In realizing that flesh, not words, comes first in human experience (Kristeva, 1981), we may need to see the value of a "new hermeneutics" (Goldenberg, 1990, p.188), one that fleshes out both our descriptions and our understandings of women's experience. The present lack of productive dialogue about the moral nature of unexpected pregnancy may simply be a reflection of our infancy in bringing women's experience of it to language. The tactful understanding of women's experience may require new ways of languaging, in order to bring their stories into text.

Unexpected Pregnancy: A Need to Chart the Unknown

Regardless of these concerns, current research has only begun to interpret the nature of unexpected pregnancy for women who are undecided about whether to continue or terminate their pregnancies. Consequently, nurses who assist women to enact reproductive choices in unexpected pregnancy lack research findings to inform their practice; women's experience of this remains largely uncharted. It is time to seek out and find women in their own land, to attend to women and the words they use, to listen to their stories of the experience of unexpected pregnancy. Through listening to their words,

we may begin to "find the place where they live, hear their story" (Gadow, 1990, p.12). As we find each woman in her own place, we may begin to recover a small portion of the vast, uncharted territory of women's land.

Bringing Women's Voices To Speech

> Women must turn to one another for stories; they must share the stories of their lives and their hopes and their unacceptable fantasies. (Heilbrun, 1988, p.44)

This research is a place for women to speak about their experiences of unexpected pregnancy. Offering a place for women's voices is a commitment to create an environment where each woman can feel at home with her own words, able to express her experience as she has lived it, and not as others might wish to analyze it. "At home we are who we truly are" (Bergum, 1989c, p.75), accepted for who we are. Yet, there may be few instances where women feel less allowed to be who they truly are, than during an unexpected pregnancy. Everyone seems to have an idea about what a woman should do when she finds herself pregnant. Advertisements on buses urge her to phone agencies that will arrange adoption, and pro-choice and anti-abortion activists disseminate their rhetoric in the media. On the street, clinics have been bombed, chained closed with protesters, and set alight with fire. As Callahan (1981) notes, activists on either side of the abortion debate do not seem to want to listen to anyone, only hear "one's final 'position'" (p.15). A cacophony of other voices variously vilify, glorify, and even try to sanctify what women do or do not do about pregnancy, should or should not do (Condit, 1990).

But what do we hear from women - where are their voices? Women coming to one reproductive health clinic ask if there will be protesters outside the door (MacKay & Marck, 1990). They speak of pregnancy crisis counsellors who showed them films and pictures of aborted fetuses, and talked of the consequences of unprotected sex (MacKay & Marck, 1990). Women also talk about the secrecy and the shame of their pregnancies, how no one must know (Wright, 1990). They apologize for getting pregnant, for their "stupidity", "forgetfulness", and "irresponsibility" (MacKay & Marck, 1990). One woman blamed herself at a first clinic visit for occasionally forgetting her pill after repeated beatings from her husband (Marck, 1990a). Many women ask if hospital staff will be kind to them if they decide to have an abortion (MacKay & Marck, 1990).

Women feel frightened, alone, guilty, and powerless. For those few women who reach nurse counsellors at one local clinic, many report that it is the first time any one has asked them what they wish to do, rather than advised them of what they should and should not do (MacKay & Marck, 1990). Perhaps even more significantly, the vast majority of women indicate that their clinic visit is the first time that anyone has asked them, "What is this like for you?" (MacKay & Marck, 1990). Surrounded by others' thoughts on their experience, it seems that few women are asked to voice their own.

The Purpose of this Research

The purpose of this research was to ask of women in unexpected pregnancy, "What is this like for you?" Specifically, the central aim of the research was to seek out, describe, and interpret the phenomenon of unexpected pregnancy, as it was experienced by women who identified themselves to be considering whether to continue or terminate

the pregnancy. The underlying objectives of obtaining these accounts of unexpected pregnancy were fourfold:

1. To increase understanding for nurses and others of the experience of unexpected pregnancy for women.
2. To identify the nursing care which women with unexpected pregnancies may find most helpful to them.
3. To increase our understanding of the nature of choice for women with a variety of related reproductive health concerns, including sexual choices, choosing contraception, and choosing the outcome for a pregnancy.
4. To allow individual nurses and others to reflect on their own role in caring for women with unexpected pregnancies.

Research Question: Choosing an Invitation

"Values...represent a commitment to what is important to study" (Jameton & Fowler, 1989, p.19). The value underlying the purpose of this research is that women's experience offers up knowledge that is important to all of us as human beings, knowledge that can inform our actions towards each other in a tactful and pedagogic manner. Valuing what women have to tell us about this experience begins with seeking a research question which invites an open dialogue rather than a finite response, conversations rather than replies. The question must offer the promise of listening. Before and after our own births, the first voice we heard was woman's (Goldenberg, 1990). What question can we now ask that will bring woman's voice back to us again?

Choosing an invitation which reflects the true nature of the knowledge sought requires a respect for the experience of women, and recognition that the aim of this research is not to predict or control the phenomenon under study. Rather, the aim of the research is to further our understanding of this experience for women by engaging in an ongoing dialectic with the research question, and by submitting ourselves to deeper and deeper questioning about our interpretations of the experience (Bergum, 1989a; Gadamer, 1982; van Manen, 1990b). Therefore, the central question in this study is open-ended in nature. It invites women to tell us: What is the experience of unexpected pregnancy like for you, as you consider what you will do about your pregnancy?

Research As Dialogue

From this central question, other guiding ones that might arise, depending on the talk of each woman, were identified (Appendix A). The central and guiding questions of the research sought to open dialogue between the researcher and the women participating in the study. The questions arose in part from clinical settings where pregnancy counselling is a primary nursing focus (Wright, 1990; Marck, 1990b). The questions were signposts only, to begin conversation with the women, and to provide them with permission to expand in the direction and depth which we chose together as appropriate, for the shared goal of understanding this experience.

For each woman, different questions, or ones not identified in Appendix A, became more relevant than others. This flexibility in questioning stems from the assumption of this research that, in mutually attending to and exploring the meaning of conversations as they unfold, the researcher and the women would remain faithful to talk which is most

salient to illuminating the phenomenon under study (Bergum, 1989a). Firmly held notions about which aspects of the experience are most important to inquire into, regardless of the desired direction in the conversation by both of the participants, assumes knowledge about the phenomenon that is not evident (Field & Morse, 1985), and implies a philosophical stance not compatible with research-as-dialogue (Moccia, 1988). Research-as-dialogue also corresponds to a re-vision of moral reasoning advocated by several feminist philosophers (Benhabib, 1987; Diamond, 1983; Gadow, 1990; Walker, 1989). For these scholars, the epistemic quest in human experience changes from construction of unassailable logical arguments that do not meaningfully connect to human experience, to creation of dialogue which opens itself to previously inadmissible concerns. Through dialogue, we re-vision not only modes of reasoning, but our values of what human knowledge is. Gaps may appear "through which women can begin to ask questions and introduce change" (Kaplan, 1983, p.201). To locate these gaps, we need to turn to research and other literature with one central query: What has been written about women's experience of unexpected pregnancy, and what has not yet reached our language?

II. A SEARCH FOR WOMEN'S WORDS

> We all begin our lives as beings of flesh who are "infants", a word whose Latin derivation means "unspeaking". Words come later as our baby flesh grows and meets the world. The Word is synonymous with a male Creator in the biblical tradition; therefore, putting it before flesh denies that human life begins with women, in the context of a woman's body. (Goldenberg, 1990, p.6.)

What has been written about women, and what do we know of their experiences, their lives, their land? In recent work on the contributions of feminist theory to psychoanalytic thought, Goldenberg (1990) asserts that "our first subject of study - our first body of knowledge - is a female body" (p.186). Goldenberg brings out this point about human existence for the specific intent of re-formulating our notions about experience, language, and knowledge. How, Goldenberg asks us to consider, can we know what women have to tell us, if their experiences have not been brought into language? Citing uniquely female experiences such as menstruation, pregnancy, childbirth, and breastfeeding, Goldenberg urges us to imagine how human discourse might differ, were there as many descriptions of these experiences in our modern language, as there are of both male experience and male thought. Paraphrasing Kristeva, who asks us "What will women write that is new?" (1981, p.32), Goldenberg questions: "What will the body say that is new?" (1990, p.186).

Yet, to enlarge our knowledge of women's experiences, we may need to approach them in their own places, private places where they are at home and able to be themselves. In a critique of linguistic research, Spender (1989) reiterates this observation that publicly, women actually speak far less often than men in both oral and written discourse. Further, when they do speak in social venues which are shared with men, they

talk less of themselves and their experiences than of others and the concerns of others. Spender also asserts that of many bodily experiences singular to their sex, such as menstruation, pregnancy, and childbirth, women have remained almost silent (1989). Even within fictional literature, Spender's years as an English teacher of young teenage girls left her dismayed at the futility of finding "sensitive, affirming, insightful accounts of the young girl who moves towards womanhood" (1989, p.117). Other researchers resound the disturbing finding that words of women's experience are difficult to locate (Belenky, Clinchy, Goldberger, & Tarule, 1986; Goldenberg, 1990; Olsen, 1978; Thorne, Kramarae, & Henley, 1983). Women, a "muted group", are not "part of the dominant communication system" (Callaway, 1981, pp.466-467).

However, the peril to our understanding of such human dilemmas as unexpected pregnancy may not be so much that men speak instead of women, or that they speak for women, although the following review of literature indicates that both these phenomena have repeatedly occurred. Rather, it is the danger that the voices of women which are needed to complete our understanding of human experience are missing, silenced, not given their own language of expression (Callaway, 1981; Gilligan, 1982; Goldenberg, 1990; Sherwin, 1989a; Spender, 1989; Walker, 1989). "Such silence can be deafening" (Spender, 1989, p.117). A review of research and other literature related to unexpected pregnancy becomes a search: a search for women's words.

Familiar Ground for Researchers: Woman as Stranger

The search for women's words began with the selection of subject areas related to the experience of unexpected pregnancy. Topics reviewed included demographic and psychological factors in abortion, abortion and contraceptive self-efficacy, abortion and decision-making, sequelae to abortion, traditional bioethical theory and abortion, and moral reasoning in feminist philosophy. The review which follows reveals that several theories and relationships are proposed to explain or predict choices in unexpected pregnancy in various groups of women. However, few studies directly address the experience of unexpected pregnancy from the perspectives of the women involved. It seems that familiar ground for researchers has largely offered inquiry that leaves women still as strangers to us, their experience still unknown.

Delimiting the Value of Demographics

In a review of research on induced abortion, Tietze (1983) concludes that the two most predictive factors of unexpected pregnancy are sexual activity and fertility. In fact, women experiencing unexpected pregnancy lend support to the validity of this observation, with virtually all ages and all ethnic, religious, and socioeconomic backgrounds represented. This is consistent with the findings in a study of 235 sexually active female physicians conducted by Zbella, Vermesh & Gleicher in the Chicago area in 1986. These researchers found that despite an indicated desire to avoid pregnancy, 13% of physician respondents reported no use of birth control, a figure which corresponds with that of the general population.

Similarly, Canzano's study of pregnancies terminated by induced abortion indicates equivocal demographic data in both women choosing abortion and those not doing so (1984). Her findings support the contentions of earlier researchers that women with similar characteristics may choose either abortion or continuation of their pregnancies, at differing points in their lives. Designing nursing interventions to assist women with unexpected pregnancy resolution on the basis of demographic data would therefore seem to be of highly questionable value, other than to caution that each woman is an individual with unique characteristics and needs.

This critique of studies focusing on demographic attributes is consistent across recent reviews of the literature on contraceptive self-efficacy (Marck, 1989; Beck & Davies, 1987; Trussell & Kost, 1987), attributes of aborters (Badagliacco, 1987; Canzano, 1984), and sequelae to abortion (Lazarus & Stern, 1986; Rogers, Stoms, & Phifer, 1989; Turell, Armsworth, & Gaa, 1990). Methodological problems identified by these authors include the questionable reliability and validity of measurement tools, unrepresentative samples, lack of clarity in operational definitions of the variables measured, inaccurate reporting of demographic data, use of interviewer bias, and contradictions within information reported. These deficiencies of method weaken any significant correlations obtained between specific demographic variables and contraceptive practices, choice of abortion, or sequelae to abortion.

At the same time, demographic studies which attempt to address these methodological concerns offer valuable information to researchers for at least two reasons. Such studies both assist in identifying groups of women who may not be

receiving much attention in our current methods of sampling, and in the formulation of relevant research questions. This may particulary apply to the more recent research conducted by Henshaw, Koonin, & Smith (1991). In a U.S. sample estimated to include at least 94% of all U.S. abortions for 1987, these researchers have identified trends of increased abortion rates amongst young white adolescents under 15 years, specific unmarried minority groups age 15-19 years, and married minority groups age 20-24 years. This study, with it's specific descriptive focus and stringent sampling procedures, offers worthwhile data for all researchers in women's health. Such research locates fruitful areas for further research, without presuming to extrapolate relationships from statistics alone. It allows us to locate the voices of women, and seek them out to tell us more about their experience.

Theoretical Perspectives on Women's Experience

In recognition of the dangers inherent to recommending clinical interventions on the basis of demographic findings, some researchers have attempted to design studies from a more theoretical perspective. Using various theoretical models of human behaviour, researchers have studied relationships between two or more of demographic variables, psychological attributes, sexual decision-making, contraceptive behaviour, and abortion choice. For purposes of comparison, select studies from different theoretical frameworks are considered in the discussion to follow.

From a model of rational decision-making developed by Janis & Mann (1977), Bracken, Klerman, & Bracken (1978) studied the decision-making process in 498 single women faced with unexpected pregnancy. To examine the decision-making process in

unexpected pregnancy, four psychological attributes of the women were analyzed for their relationship to the decision to abort versus the decision to deliver. These four attributes were operationalized as happiness regarding the pregnancy, acceptance or rejection of the decision to deliver or abort, the difficulty rating of the decision-making process, and satisfaction with the decision taken. Of these four variables, the only significant predictor of choosing to deliver was happiness about the pregnancy.

Badagliacco (1987) points out that Bracken et al (1978) fail to take into account other factors which may influence a woman's choice, such as education or religion. She also questions an underlying assumption of their model: that the locus of control in the abortion decision always rests entirely within the woman herself, without other outside influences such as social norms and significant others. A further serious concern regarding this study is the difficulty in abstracting useful meaning from a construct as broad as "happiness regarding the pregnancy". Without preceding descriptive work to delineate what possible meanings this construct entails for the women involved, it's utility for assisting choice in unexpected pregnancy is severely limited. Nonetheless, the findings underscore the need to explore this construct further, by seeking more descriptive data from women who experience unexpected pregnancies.

From another theoretical model proposed by Luker (1975) in her study of 500 women seeking abortion, it was predicted that women choosing abortion would differ significantly from women choosing continuation of their pregnancies in their contraceptive risk-taking behaviour. Specifically, the researcher postulated that women opting for abortion would consistently take greater chances with their exposure to non-

contracepted sexual behaviour. Theorizing that risk-takers possess different perceptions of the costs and benefits of contraception than non risk-takers, Luker concluded that the women in the study sample increased the probability of their non-contracepting behaviour with each successful avoidance of pregnancy following an unprotected sexual encounter. Luker's study is significantly flawed, however, in that an attempt to test a comprehensive theory about risk-taking behaviour in contraceptive decisions is conducted on a non-random, homogenous, convenience sample of women who have chosen abortion. This lack of a comparison group of women who remain pregnant leaves the theory virtually untested in any substantive manner. Further studies utilizing Luker's research tool have found no differences in contraceptive risk-taking in heterogeneous samples (Crosbie & Bitte, 1982; McKinney & DeLamater, 1980).

The appealing aspect of Luker's model to clinicians is the notion of a rational explanation for contraceptive behaviour. Moreover, a recurrent note throughout much of the research reviewed is some suggestion of commonalities in women's reproductive choices across a variety of possible situations, from sexual and contraceptive choices, to pregnancy and childbirth decisions (Badagliacco, 1987; Marck, 1990a, 1990b, 1989; Rodman, Sarvis, & Walker, 1987). That commonality, not elicited by Luker's model, may be more apparent in a study by Friedlander, Kaul, & Stimel (1984). These researchers surveyed 291 women presenting for therapeutic abortions at a private U.S. clinic, in an attempt to predict the complexity of the decision-making process in abortion. Their findings suggest that increased intimate involvement with a partner positively correlates with both contraceptive behaviour and the complexity of the decision-making

process regarding abortion. Yet, contraceptive behaviour alone was not predictive of decision complexity in choosing abortion. Women's reproductive choices and "risks" thus appear to be taken within a context of significant others, as opposed to a direct outcome of thoughtfulness or knowledge about contraception itself.

Approaching Women's Ground: Women's Experience In View

Swanson's (1988) cross-sectional descriptive study of women's selection and management of contraception contributes to the emerging theme of relationships in women's choices identified above. Moving away from premature theoretical abstracts, the data obtained in Swanson's open-ended interviews yielded a picture of contracepting as an experience of private discovery, "the repetitive process of fitting contraceptive options to the needs of the self, partner, and situation" is articulated (p.498). Concerns contributing to this process included comfort and expertise with use, action in the event of an error, how long a method could be used, timing of use, and level of intimacy required to discuss use with partner. From both Swanson's non-aborting couples and Luker's aborting women, the same theme about reproductive choice surfaces as with Friedlander et al (1984) discussed above: the importance of relationships to women. More work in these areas of study appears warranted, and triangulation of methods between qualitative and quantitative designs (Duffy, 1987) may bear further support for this emerging theme in women's health.

Devaluing Women's Words: Pathologizing Women's Experiences

A dissonant note to the recurring theme of relationship discussed above is sounded by research which analyzes women who have chosen abortion for their presumed deviation from the normal maternal role (Ford, Castlenuovo-Tedesco, Pietro, & Long, 1972; Kane & Lackenbruch, 1973; Martin, 1973). Although the assumption of abortion as deviant behaviour is overtly abandoned in later studies of women's perceptions of themselves as aborters, the findings remain contradictory. The findings in some studies suggest that women choosing abortion do not view their actions as deviant behaviour (Rosen & Martindale, 1980; Smetma, 1978). However, other researchers present findings suggesting that the aborting women studied retrospectively viewed their behaviour as abnormal and/or unacceptable (Kornhaber, 1980; Zimmerman, 1977).

A disturbing example of inappropriate study of women's experience of unexpected pregnancy is one which compared fantasies about the fetus between 28 women carrying to term and 18 women scheduled for therapeutic abortions (Senay & Wexler, 1972). Approaching pregnant women continuing their pregnancy in one setting, and women terminating their pregnancies as they awaited the abortion procedure in another, these researchers found an almost complete lack of fantasies in the women awaiting abortions. This finding contrasts both with the above clinical data and the documented reports of women post-abortion in Franke's research (1978) and Keairns' study (1980). Senay and Wexler state that all women were reassured that refusal to take part in the study had no effect on the hospital's approval of their abortions. However, it is difficult to conclude that women awaiting their abortion did not feel coerced to participate, regardless of these

assurances from the researchers. While only 28/60 women continuing their pregnancies participated, 18/20 women aborting took part in the study. These disparate participation rates suggests that at least some women choosing abortion may have felt coercion, however unintended, to participate.

Many feminist researchers find fault with this entire line of research for a variety of reasons. The medicalization and concomitant pathologizing of women's experiences (Sherwin, 1989b; Tomm, 1990) deprive women of useful language for the expression of their choices in pregnancy. The lack of social context for the women's self-images in their choice of abortion (Duffy, 1985; Woods, 1988; Wright, 1990) and the inherent contradictory nature of the abortion decision for women (Bergum, 1990a; Gilligan, 1972) throw the value of this avenue of study into strong question. It is difficult to find women's own words at all, within this line of research.

Equally problematic to this type of research are similar methodological limitations as those identified in abortion sequelae research by Rogers et al (1989). Frequent instances of unclear outcome criteria, inadequate and biased sampling, and interviewer bias are particularly salient, both to the objections raised by feminist scholars and the concerns of clinicians who wish to find guidance for their practice. Research which begins with the assumption that women's experiences are abnormal does not seem to offer women or their caregivers any tactful or pedagogic value.

However, women may be able to accrue some benefit from a critique of such research. Specifically, it could be useful for researchers to analyze these studies for their language and terminology, as well as for their philosophical assumptions about women

and health. Such critical, hermeneutical analyses of other areas of women's literature offer us new insights into women's experience of pregnancy (Bergum, 1990a; Young, 1984), menopause (Dickson, 1990), and health care (Epstein, 1987; Sherwin, 1989b; Tomm, 1990). These scholars further our questioning of what constitutes women's experiences in our society, and help us identify modes of inquiry that recover those experiences (Callaway, 1981; Diamond, 1983). As researchers ferret out where such studies have silenced or distorted women's words, new places of inquiry are opened up from which women can join the dialogue.

On Women's Ground: Finding Women's Words

An assessment of the literature discussed to this juncture suggests several important points about research on unexpected pregnancy. First, there is a place for sound demographic research, in order to locate groups of women who perhaps most warrant further attention to their experiences of choice in contraception, sexual activity, and unexpected pregnancy. Further, the bulk of quantitative analyses founded in theoretical models of decision-making, contraception, and sexual behaviour have yielded contradictory and inconclusive findings. However, the centrality of relationships to women in reproductive choice has been elicited in both quantitative and qualitative work (Friedlander et al, 1984; Swanson, 1988).

The vast majority of the research just discussed, whatever its limitations, appears to genuinely seek insight into what unexpected pregnancy may mean for women and their health. That women's experiences of unexpected pregnancy remain largely unknown and

unapproached may stem from the choice of methodologies with some researchers, and perhaps, at times, underlying erroneous assumptions about women's experience. Error is converted to blatant sexism, however, in the studies which attempt to pathologize the experiences of women. Perhaps the greatest benefit to be accrued from such research has been the response demanded of women. Silenced by the assumptions of many investigators, women have searched for modes of research that might better address women's experiences. Swanson's study (1988) is one such example of such research, a growing body of inquiry which seeks the ground of women's experiences. The next section of this review tracks the growth of this research for, not on, women; it brings us, finally, to women's words.

Striking Back: Theorizing for Women

Some feminist researchers have expressed their objections to the deviance approach with studies founded on the premise that abortion is one strategy which women may choose to solve the "problem" of unplanned pregnancy (Freeman, 1978; Rosen, Ager, & Martindale, 1979). From a genuine intent to theorize *for* rather than *about* women, these researchers have attempted to demonstrate that women choose abortion from a proactive stance of experienced personal competence. However, the suggestion that choice of abortion is positively correlated with women's own perceptions of their competence is not supported by their research findings. This discrepancy between firmly held views and actual experience of choice is borne out in this researcher's clinical experience, where many women who assert firm faith in the right to choose for their pregnancy find themselves distressed and indecisive in their own personal experiences

of unexpected pregnancies (Marck, 1990b). A cherished belief about one's right to choose for a pregnancy does not assist many women to understand how they wish to choose, or why.

Similarly, treasured convictions about the sanctity of life or when life begins do not offer meaningful wisdom to many women who hold those beliefs, once faced with an unexpected pregnancy (Marck, 1990b). This failure of both politically correct feminism and traditional bioethical principles to adequately guide many women in their choosing is reflected in the abstract argumentation presented in the bulk of literature addressing abortion. Radically pro-choice and anti-abortion advocates both use the language of rights to advance their views, a language which relies on an underlying assumption of contractual thinking (Bergum, 1990a; Held, 1988). For Bergum, however, the ascription of unexpected pregnancy as a "problem to be solved" ignores the nature of pregnancy as experienced by women (1990a, 1989c).

From "Problem" to Experience: Pregnancy as Embodied

In Bergum's (1989c) recent research on women becoming first-time mothers, an understanding of pregnancy as a developing relationship is illuminated in the talk of the women. The five thematic moments which evoked the nature of this experience for these women were the decision to have a child, the presence of the fetus in one's body, the birthing pain which accompanied physical separation from the baby, the responsibility for the developing other, and the reality of having a child on one's mind forever. The value of this interpretation of pregnancy and motherhood is its ability to embody the experience of the women in their own words. Through their talk, Bergum brings us new

questions about this experience for women. For instance, this researcher asks, how do pregnancy and birth move a woman towards a different understanding of herself, as well as towards the creation of a child? How does the nurturance of developing life, Bergum urges us to consider, transform a woman to mother?

Bergum's current research (1991) further explores the presence of the fetus in pregnant women's lives, and the nature of the woman-fetus relationship. The evolving and unique intimacy of this relationship, Bergum asserts, constitutes the first and most powerful instance of trust in human experience (1990a). How, Bergum asks, might our moral choices be informed by a better understanding of the woman-fetus relationship? In the "maternal, parental, and pedagogical" (1990a, p.17) love which entering a pregnancy and committing to a child asks of us, she suggests, may be valuable insights into an alternative paradigm to that of individual rights, autonomy, and justice: "a paradigm of nurturing relation" (1990a, p.22). Bergum's unfolding interpretation of the woman-fetus relationship underscores the inadequacy of an approach where pregnancy is viewed as a problem to be solved.

Women's Experience and Moral Language

The social context of women's experience of pregnancy is acknowledged by Bergum (1990a; 1989c) and other feminist scholars (Baier, 1986; Rothman, 1989; Walker, 1989). Particularly, Walker argues that a predominantly male voice in reasoning about moral questions bypasses "altogether in application whole areas of life that are the province of women (voluntarily or not), such as the rearing of children" (1989, p.24). To develop moral theories which adequately address women's experience entails a recognition of the

essential inequality of most human relationships other than those between educated adult men (Baier, 1986; Sherwin,1989a; Walker, 1989).

These scholars and others (Ruddick, 1984; Whitbeck, 1984), argue that women's experiences of pregnancy and mothering have a valuable contribution to offer moral theorizing. While these scholars dispute several aspects of one another's positions on alternate moral epistemologies, there is one critical point on which they agree: women's experiences of pregnancy and mothering have not been adequately accounted for in our present ethical formulations of the world.

Relational Legacies: The Body Remembers

Perhaps most difficult to uncover for their potential donation to moral theory are the physical aspects of women's experiences which inform their actions (Bergum, 1990a, 1989c; Goldenberg, 1990; Spelman, 1982; Whitbeck, 1984). Cotroneo & Krasner contend that the unique relationship of woman-fetus can only be meaningfully viewed from within the total framework of relationships within women's lives (1977). In their case studies presented from a family therapy practice, the presence of "relational legacies" (p.74) for women in unexpected pregnancy is articulated as critical and ongoing. Connections to past, present, and projected future relationships live in the text of the women's experience of pregnancy, and recollections of family are easily intermingled with imaginings of possible family, being mothered with mothering, being loved with loving.

Yet, clinical encounters suggests a bodily experience of these relational legacies which may be as difficult to elicit as it is powerful when uncovered (Marck, 1990b, 1988).

Smith suggests to us that "remembering is a bodily act" (1990, p.71). The body remembers, the body knows: the pregnant woman beaten by her father as a little girl stares at her hands and knows she is terrified of becoming a mother, because "I have my father's hands; these are his hands" (Marck, 1990b, p.12). Argument for attention to ourselves and others "as text" (Gogel & Terry, 1987, p.214) in order to understand our experience seems warranted, and is called for by scholars across gender and discipline (Bergum, 1990a, 1989c; Goldenberg, 1990; Kristeva, 1981; Lippitz, 1990; Smith, 1990; Spelman, 1982; van Manen, 1990a, 1990b).

The bodily experience of unexpected pregnancy is also addressed in Watkin's (1986) accounts of women's hypnotic visualization of the fetus, prior to undertaking a decision to continue or terminate their pregnancies. Watkins only discusses instances where the women proceeded to either miscarry spontaneously, or undergo abortion, and does not relate many of the women's experiences of communicating with their fetuses in their own words. Still, the process of body preparation which this researcher describes as integral to the women's communion with their fetuses suggests the value of further understanding of women's bodily experience of the presence of the fetus. It also supports Goldenberg's contention that in an important sense, attending to women's words is "listening to the body talk" (1990, p.186). Yet, little of this "corporeal ground of our intelligence" (Rich, 1976, p.39) can be found in the bulk of research purported to be about women's experience. Its absence further underlines the limits of a problem perspective in understanding women's experience of unexpected pregnancy.

Women's Experience of Abortion

Studies by other researchers which address the feelings of anguish and ambivalence surrounding abortion for many women, both during and afterwards (Keairns, 1980; Gilligan & Belenky, 1980; Francke, 1978), reinforce the doubtful utility of a problem-solving approach. The findings in these studies discussed also suggest that the experience of pregnancy and its termination remains not completely resolved for many women, and thus not a 'solved problem'.

In Keairn's study of six young unmarried women choosing abortion (1980), the decision-making experience itself is sought and described. Acknowledging an existential phenomenological perspective on decision-making, Keairns specifically focused on the choice process for these women. While her singular attention to the aspect of decision-making in unexpected pregnancy limits her findings in regard to understanding the nature of unexpected pregnancy, the 'unresolved' nature of many unexpected pregnancies is reinforced. The secrecy of the pregnancies and abortions, the anguish of choosing abortion, and a desire to forget both the pregnancy and the abortion afterwards are all suggestive of the possibility that for many women, the decision to abort, although enacted and acknowledged, is not fully resolved and integrated into their lives.

Franke's research (1977) echoes these notes of repressed meanings and unaddressed pain found in the experience of abortion for many women. Examining the experiences of abortion from the perspectives of six single women, 11 married women, 12 men, seven couples, and 13 teenage girls, Franke identified a recurring theme of ambivalence in many of the interviews. It is evident that for many of Franke's participants, the

decision to abort remains a presence in their lives, even years after the abortion itself. However, the interviews themselves range so greatly in depth that it is difficult to formulate common meanings from their content.

Common Meaning from a "Different Voice"

In a study of 29 pregnant women ranging in age from 15 to 33 years of age which examined both decisions to abort and to continue the pregnancy, Gilligan and Belenky (1980) deepen our understanding of the ambivalence which many women experience in choosing an outcome for an unexpected pregnancy. From their interviews, these researchers asserted that women comprehend moral dilemmas, including choosing in unexpected pregnancy, in a different context than the traditional ethic of justice. Framed instead as an "ethic of care", with conflicting responsibilities of exercising care and avoiding the infliction of hurt, Gilligan asserts that this principle of decision-making predominates in women's moral domain (1982, p. 126). As a moral paradigm, Gilligan argues that the care ethic is inherently distinct and unaccounted for in previous significant work in moral theory, such as Kohlberg's (1976) justice perspective in his proposed stages of moral development.

Clinical experience from two reproductive health clinics (Marck, 1990a, 1990b; Wright, 1990) supports aspects of Gilligan's thesis. In both settings, the recurring observation is that given the opportunity, women talk of the relationships in their lives. Through their talk, women articulate connections between their relationships and their reproductive behaviour, including having or not having sex, using or not using birth control, having or not having "this baby," and being or not being a parent. Their

discoveries about their relationships thus appear to hold utility not only for their immediate choice for their pregnancy, but also for informing their future actions across a variety of other issues.

However, while Shogan (1988) concurs with Gilligan's concern over Kohlberg's neglect of female experience in his all-male samples, she cautions against "a dichotomization of moral theory into a feminine ethic of care and a masculine ethic of justice" (p. 51). Still, Shogan acknowledges the gendered nature of experiencing moral agency, and supports additional exploration of the nature of these experiences, for both men and women. One study designed to further this line of inquiry is Connor's retrospective research with women between two and seven years post-abortion (1982). In this study, the decision to abort as recollected by 12 women was examined both quantitatively and qualitatively, from the framework of moral reasoning levels developed by Belenky (1978), and expanded by Gilligan & Belenky (1979). Connor's hypothesis that the women's level of moral reasoning would be closely related to their stage of development was not supported statistically. Nonetheless, the themes identified in qualitative analysis reaffirm the centrality of relationships to these women's development. Specifically, developmental issues identified were interpersonal relationships, intimate attachments, constructing a reflective value system for guiding life choices, and balancing the needs and concerns of self with those of others.

Summary: Engaging Women's Voices, Reaching Women's Land

This review of literature related to unexpected pregnancy was a search for women's words about their experience. A critique of the first body of literature yielded a picture of woman studied, woman as *stranger* (Gadow, 1990). The majority of these studies appear to have proceeded from assumptions about sexuality, pregnancy, contraception, reproductive choice, and abortion which are not supported by the findings. Neither traditional research which studies women as subjects, nor the application of historically accepted bioethical principles for determining choice, seems to capture insights into this experience for women. Women 's words in this category of research remain unwritten for the most part, and our understanding of women in unexpected pregnancy is remote. Many scholars contend that these problems are inherent to research paradigms which approach the investigation of women's experience from a peripheral and fragmented basis (Bergum, 1990a; Duffy, 1985; Tomm, 1990; Woods, 1988).

Perhaps the ultimate wisdom to be gleaned from such work is that women have more to tell and teach us where the research mode honours the nature of their experience. The questions in the latter body of research and other literature discussed above "emerge from the concerns of women" (Duffy, 1985, p.348), and begin to bring women's experience closer to our understanding. In this thesis, it is suggested that for women, the experience of unexpected pregnancy does not lend itself to the distanced, problem-oriented perspective which previously and inappropriately has been applied to much of women's experience. Similarly, as women's experience comes into speech, the need for additional

modes of ethical inquiry has been asserted, with feminine values of nurturance, responsiveness, and relationship challenging the received view of moral experience.

Through women's words, an unexpected pregnancy whose continuation or termination is not easily chosen appears, for many women, to assume meanings that permeate their lives in a complex manner. However, many aspects remain unaddressed in relation to women's experience of unexpected pregnancy. For instance, while relational legacies may constitute a significant aspect of pregnancy for many women, we do not know much about how past relationships become present to women during the experience of unexpected pregnancy. Women's frequent talk of these relationships in the clinical setting, as well as their deliberations about current and possible future relationships, suggest that attention to their experience of relation is warranted. Further, clinical experience and preliminary research suggest that how women experience the presence of the fetus in unexpected pregnancy requires additional attention.

Bergum's previous research (1989c) with women has introduced an embodied understanding of chosen pregnancy and motherhood for women to our discourse, and given us new insights and questions about the woman-fetus relationship. How is the experience of pregnancy similar, and how is it different, for women who have not chosen it, and who are not sure whether they will or will not continue with their pregnancies? It is hoped that this research, in talking with women about unexpected pregnancy, will further the questions initiated in Bergum's work: questions about women, about choice, and about how we understand ourselves, and each other, as humans. It is women's own words about their experiences which we are missing. To engage the next level of human

dialogue, we might heed the counsel of Walker, who urges that: "We might just try turning to each other: talking and listening and imagining possibilities together" (1989, p.19). Perhaps it is time to thoughtfully dwell in the talk of women.

III. SEEKING WOMEN'S EXPERIENCE: A COMMITMENT TO TACT

> Knowing and caring are irreconcilable for science. They are rendered as one in story, because story is like gesture and unlike science, in that all of its meaning is contained within it; it is both expression and meaning. It is offered on the basis of intersubjectivity, recognition that another will comprehend the meaning. And it is received on the same basis, that intersubjectivity is a unity beyond dualism and disregard, and that story therefore embodies a truthful perspective. (Gadow, 1990, p. 14)

How can we re-vision women's lives and women's land through their own words? No way of seeking knowledge is neutral, unbiased, untouched by human experience; all choices in method presuppose beliefs about what knowledge is, and values about what it is for (Gadow, 1990). The present research stems from a belief that our knowledge about women's experience of unexpected pregnancy is incomplete without their accounts of it in their own words. Knowledge, in this belief system, includes the stories which others can offer us; stories are understood as "a way of knowing" (Gadow, 1990, p.15). What we aim to learn from women's stories in this research cannot be reduced to one unalterable set of facts. Rather, we hope to begin to imagine, and to question on deeper and deeper levels, "What is this like for you?" (Bergum 1989a; 1989c; Diamond, 1983; Gadamer, 1982; Gadow, 1990; van Manen, 1990a, 1990b; Walker, 1989).

In our questioning, the deeply personal nature of this experience for each woman must always remain central to our method amd to our talk. To ask women in unexpected pregnancy, "What is this like for you?" is to commit to a tactful search for their words, to wait for the words they are ready to speak. We turn, attentively and thoughtfully, to women's talk.

The Women Of This Research

Five to six women were initially sought for this research. Because the aim of the research was not to generalize, but rather to interpret the common meanings of the contextualized and personal stories of the women (Bergum, 1989c), thoughtful conversation, analysis, and writing were more salient to the research questions than large numbers of participants. In previous phenomenological research, it has been demonstrated that consensual meanings can be explicated in studies involving small numbers of participants (Bergum, 1989c; Rodney, 1988).

Of the approximately 20 telephone inquiries received throughout the study, only two women who contacted the researcher met the initial inclusion criteria. The inclusion criteria were that women participating had to be 20 years of age or older, fluent in English and able to consent voluntarily to join the study. Their pregnancy had to be medically confirmed as less than 12 weeks at the time of entry into the study, and they had to have medical supervision of their pregnancies during the time period which they were in the study. This last point refers specifically to the vulnerable situation of the pregnant woman; it was essential that participation in the study not substitute in any way for identified health service needs.

Each woman who entered the research had to identify herself as both unexpectedly pregnant, and unsure of what she wished to do about her pregnancy. *Unexpected pregnancy* was initially defined as a pregnancy of under 12 weeks' gestation, and one identified by the woman concerned as unanticipated and requiring deliberation to determine an eventual outcome of either parenthood, adoption, or termination. As the

sampling strategy evolved, this definition expanded to include women who either presently or within the past year had experienced such a pregnancy. *Making a choice about pregnancy* encompassed the experience of realizing one is pregnant, seeking assistance to choose an outcome, and deciding upon and living with the outcome chosen.

Both women who met the initial inclusion criteria joined the study, and remained in it to its conclusion. One woman responded to a newspaper advertisement (Appendix B), and the other woman received the researcher's phone number from the reproductive health clinic, after expressing to the nurse that she did not know what she wished to do about her pregnancy. After four months, the inclusion criteria were expanded, and a third woman came to the study via word of mouth. The fourth woman responded to a revised newspaper advertisement (Appendix B), which included the expanded inclusion criteria.

The four women who joined the study remained in it to its completion, participating in anywhere from two to four conversations with the researcher (Appendix C). Each woman who participated in the research came with unique life experiences, held particular beliefs about choice in pregnancy, and considered different choices for her pregnancy. Mary, a 37 year old nurse and mother of two teenage daughters, was in the midst of a stormy third marriage when she discovered her pregnancy; told that she was sterile following treatment for cancer, she had not practised birth control for years. Katherine, a 23 year old legal secretary who had been involved with the same man for six years, faced the memory of three previous abortions in her deliberations over this latest pregnancy from the same relationship. Maggie, a 35 year old business consultant who became pregnant while using an intrauterine device, had faced a decision about her

pregnancy at the same time as her lover, with whom she had planned marriage and a child, abruptly changed his mind. Vanessa, 22 years old and married as a result of her unexpected pregnancy, felt that she had never made a decision about her pregnancy from the outset. At the time she joined the research, three weeks after giving birth, she felt that a decision remained to be made; she was seriously considering placing her son for adoption, over the strenuous objections of her husband.

Ethical Commitments

The unique sensitivities of each woman's experience called for an ethical commitment to earn and deserve each woman's trust. Bergum (1989a) uses the term commitment in discussing the ethical concerns attendant to her research with women experiencing the birth of their first child. The word *commitment*, "the act of committing to a charge or trust...something pledged" (Mish, 1983, p.265), provided a useful foundation for this researcher as well. The importance placed on our conversations by the women themselves is honoured by an ongoing ethical commitment to both the women and to the research method. The intent to do no harm does not suffice, when one asks a woman to talk about the deeply intimate aspects of her experience of unexpected pregnancy. To determine the scope of activities and procedures which were necessary in this research to protect the participants from any harm, honouring their trust in the researcher and the research process was the central guiding principle.

The choice of the phenomenological method is in itself an ethical commitment. It is a promise to respect the personal nature of the talk, and to strive towards a truthful

interpretation of the women's experience through the discipline of the research activities. The nature of the research is one which is open in possibility, oriented towards deeper and deeper questioning about the phenomenon of interest, and continually dialogic in nature (Bergum, 1989a, 1989c; van Manen, 1990b). These qualities of the method are ones which enhance the potential for the interpretation of the women's experience; they are also aspects which must be respected and carried out with tact. The power of our talk to uncover the meaning of the pregnancy for each woman could also be its power to lay open great pain and fear.

For this method, then, an ethical commitment to the research was an undertaking to prepare for conducting the inquiry with tact, and to continually question the place of this research in the women's lives. This commitment to tact entailed that the research not invade the women's lives, but rather take the place in it which they assigned to it. From its rightful place in their lives, our talks could proceed with trust.

The first set of ethical concerns to be addressed with this central principle of trust in mind were the procedures for entry into the study. Unexpected pregnancy is a time of great vulnerability for many women, and a time when professional help is often needed and sought. The possibility of coercion was avoided at all costs, by ensuring that each woman enquiring about the study have complete control of considering her participation, irrespective of any medical care that she might feel that she needed. This protection from coercion was addressed by the mechanisms discussed below.

Initially, the proposal for this research was reviewed and approved by both the Faculty of Nursing Ethics Review Committee and a local hospital ethics review

committee. After discussions with several agencies and private physicians, information sheets about the study (Appendix D) were placed in the waiting rooms of several clinics and physicians' offices, where women could peruse them privately, without any obligation to participate. Advertisements (Appendix B) were also placed in local newspapers. Women then contacted the researcher on their own terms, to discuss any remaining concerns or questions they might have about the research. The researcher then arranged, at each woman's convenience, to meet and obtain formal written, informed consent (Appendix E).

Measures for ensuring confidentiality, privacy, and anonymity, disclosure of potential risks and benefits, issues of refusing or withdrawing from participation in the research, participants' access to the findings, proposed uses of the data, and potential sponsors of the research were all addressed in the consent (Ramos, 1989). The consent was read aloud and discussed before it was signed. Each woman was invited to take as much time as needed to further consider her participation before signing, and the first conversation only proceeded when a woman had not only signed the consent, but indicated to the researcher, both verbally and by observation, that she was comfortable with proceeding. These measures were essential to the research process, as trust between the researcher and each woman was central to the relationship we entered into as co-researchers (Bergum, personal communication, November 19, 1990).

The potential risks and benefits of this research were of utmost concern to the researcher. Again, returning to the central principle which guides the research is helpful. Bergum describes, in her research, how the "ethical commitments to these women

permeated my mind and actions throughout the study and still continue" (1989a, p.53). The primary task of the researcher was, and remains in this writing, to remain mindful of the inner nature of what was being shared. In our talking and in this interpretation, there was a genuine effort to acknowledge what was being said, as opposed to simply noting it and pursuing the goal of more disclosure. To do so was to remain true to the method chosen, as disclosures alone do not generate meaningful data. Rather, disclosures leading to shared understandings were the goal of the conversations: understandings which the researcher sought to transform into text.

Rigorous attention to the method itself was, therefore, the greatest protection from harm for the women involved. Through a commitment to the women and to understanding their stories, the researcher committed to being aware of each woman in a personal, intimate way (Bergum, 1989a). Additionally, the women were informed that the types and transcripts of our taped conversations were coded and stored under lock and key, and that they could edit their own transcripts in any way that they wished. All identifying information about each woman was deleted from each tape, and all the women have been informed that they may have their tapes destroyed after the research is completed, should they wish to do so.

Clinical preparation as a nurse counsellor in reproductive health, as well as three years study at the graduate level in this specialty, also assisted the researcher to anticipate and appropriately address the needs of each woman as they arose during the research process. Throughout the project, each woman indicated that they were able to access any health care which they felt they required. An ongoing process of consensual decision-

making, in relation to both anticipated and actual concerns, was therefore initiated and maintained in the research relationship, as it progressed throughout the project with each woman (Ramos,1989).

Wherever possible, publication of the findings will occur only at the express permission of the women involved. This implies an ongoing ethical commitment to both represent the women's stories truthfully, and to be aware of the meaning, for each of these women, of knowing "herself in the text" (Bergum, 1989a, p.54). The effects of the research are thus recognized as possibly life-long, and of unique and significant importance to each woman. The texture of their experience lives on in this text, and guides the efforts to shape it in as truthful a form as possible.

Finding Texture of Being

How do we discover the texture, the nature of an experience, for another? Several scholars (Bergum 1989a; Diamond, 1983; van Manen, 1990a) assert that the texture of human experience is uncovered as we ask for and attune ourselves to the "concrete particulars of situations" (van Manen, 1990a). As we infuse our descriptions with richer and deeper authentic detail, we breathe life into the meaning of the experience (van Manen, 1990b). We gather, instead of "true" facts which do not reflect actual experience, an understanding of text that is more truthful to the nature of the experience (Bergum, 1989a; Diamond, 1983; Gadow, 1990; Heilbrun, 1988; Walker, 1989).

The value of the knowledge which we gain from this questioning is uncovered by the process of the questioning itself. As we develop understanding of the experiences of

others, our capacity to inform our actions towards others with tact grows (van Manen, 1990a). In van Manen's view, tact cannot be planned for ahead of the moment in which it is called for, but "one can prepare for it - one can prepare the heart and mind" (1990a, p.196). In reflecting on women's stories of pregnancies, and asking what we can learn from their words, we become more thoughtful about the experience of unexpected pregnancy for women as a whole. In that thoughtfulness, we perhaps render ourselves more tactful, more "thinkingly attentive" (van Manen, 1990a, p.182) towards the next woman with unexpected pregnancy who comes to us for care. We seek "tact as an oriented mindfulness" (van Manen, 1990a, p.189) towards the experience of the other, to increase the thoughtfulness of our practice.

As with practice, it is oriented mindfulness to the experience of the other that is required in this research. To ask women to speak about unexpected pregnancy demands a mode of inquiry that is tactful. It is a commitment to engage women in intimate conversations, to enter each woman's world at a deeply personal level and hear about pain, joy, fear, and loss. The researcher cannot stand outside of the woman's experience as she offers her story up; to seek shared understanding requires that both researcher and participant stand within the question together, and question further together (van Manen, 1990a). The method chosen must serve the questions, and flow from the way in which one understands "the questions themselves" (van Manen, 1990b, p.1). To seek genuine understanding of another's experience does not allow for a method which questions from a distance (Bergum, 1989a, 1989c; Gadow, 1990).

Choosing a Method: Choosing Knowledge

"We have a choice among *ways* of knowing" (Gadow, 1990, p.3). The questions chosen for this research do not seek to predict or control the phenomenon under study. Rather, these questions ask for a deeper and fuller understanding of the nature and meaning of women's experience of unexpected pregnancy. They invite a dialogue between the researcher and each woman, for the express purpose of giving voice to their experience (Bergum, 1989a). Women who identified themselves as facing a choice about their pregnancies were simply asked: What is this pregnancy like for you?

The method which corresponds with this understanding of the research questions is phenomenology. Where understanding another in order to take more thoughtful action towards them is the central aim of research, phenomenology offers a descriptive, reflective, interpretive, and engaged mode of inquiry which corresponds to this aim (Bergum, 1989a; van Manen, 1990b). In the context of women's experience of unexpected pregnancy, the phenomenological method represents an ethical means to both illuminate the nature of the experience, and to stand faithfully within the experience with the women.

Phenomenology as Human Science: What Do We Question?

The phenomenological method which was used in this study is primarily drawn from the work of two human science researchers, van Manen (1990a, 1990b) and Bergum (1989a, 1989c). The interests of these two scholars inform the inquiry of this study. Their questions are ones of what it means to parent and what it means to teach, of what it is to care for people and to be cared for, of what the experiences of educating and

nurturing offer us as knowledge about ourselves as humans. The knowledge sought in Bergum's and van Manen's work is situated in the experiences of mothers and fathers, women and men, teachers and students, parents and children, caregivers and patients. Their questions are ones of how we are and how it is for us, in the experiences of being human, and being in human situations with one another.

Primarily researching the nature of a truly pedagogical relation with children, Van Manen has explored the related activities of teaching, parenting, education, and our day-to-day living with children through a number of works (1990a, 1990b, 1986a, 1986b, 1984). We are asked to reflect, in van Manen's work, what kinds of questions we can ask that might bring us more understanding of what it means to teach, and what it means to learn, and what it is, as a parent or teacher, to assist a child to grow. For van Manen, the purpose of phenomenological research is to engage in activities which bring the experience of who we are as humans to language in a more and more authentic manner (1990b). There is a moral force within such research, van Manen asserts: descriptions which more fully say who we truly are allow us to say who we do and do not want to be. They present opportunities for us to understand more clearly what it is to be a father or mother, a man or woman, a patient or child. Through that understanding and reflecting on it, we "become more fully who we are" (1990b, p.12).

Bergum extends the questions which van Manen raises about our pedagogic relation with children to nursing concerns raised by practice and teaching in women's health and bioethics. In recent research on the transformative experience of becoming a mother (1989c), Bergum's study of women who move from womanhood through pregnancy to

motherhood raises several questions about both women's experience and our role as caregivers. Bergum (1989c) asks us to reconsider, in light of these women's embodied experience of transforming from women to mother, what it is that a woman attunes to as her pregnancy progresses: How does she experience her relationship with the developing fetus, and what does that changing relationship mean to her as a woman, and to her life? How do our present technology and birthing practices respect or disregard both that relationship, and its meaning to each woman? What experiences, on the other hand, nurture a woman's growth into motherhood? What helps her know herself as mother, and what role in that knowing can, and should, caregivers assume?

The questions asked in Bergum's (1989c) previous research were foundational to this research. In this study, women in unexpected pregnancy were asked: What does it mean to move into, or to not move into motherhood? What does it mean to imagine, or to not be able to imagine oneself as mother? What does it mean to accept, or to not accept a relationship with a child-to-be? What is ethical comportment for each of us as caregivers, in caring for women in unexpected pregnancy? The goal of this research is to bring to speech, and begin to sense and make sense of, what unexpected pregnancy means for women who are trying to make a choice about the relationship of pregnancy, and who consciously consider and question the possibilities of mothering or not mothering, birthing or aborting, keeping or giving up an imagined child.

Making Sense of Unexpected Pregnancy

In its simplest definition, phenomenology assists both the researcher and the research participants to "make sense of the whole experience" (Swanson-Kauffman & Schonwald,

1988, p.102). Such sense-making has been described as therapeutic for participants (Swanson-Kauffman & Schonwald, 1988). It has also been considered indicative of a method which has been true to the question, the researcher, and the participants (Bergum, 1989a; van Manen, 1990b). It is useful to ask: How does making sense of something potentially benefit both the participants and the process of phenomenological research?

The words used to define the word *sense* in Morris (1978) include "any of...hearing, sight, smell, touch, and taste....intuitive or acquired ability to estimate.... a capacity to appreciate or understand....consciousness; normal ability to think or reason soundly; correct judgement....import; point; signification....the meaning of a word in a particular context....to become aware of; perceive....to grasp; understand" (p.1180). Within this variety of definitions, it becomes apparent that in sensing something, we may be talking about something as deceptively simple as "I feel cold" to something apparently much more complex, such as "What do you sense is the way to proceed from here?".

Yet, the meaning of sensing, with its Latin root of "sensus, the faculty of perceiving, from the past participle of sentire, to perceive by senses, to feel" (Morris, 1978, p.1180) is important to our understanding of a phenomenological questioning of women's experience of unexpected pregnancy. Sensing, in this *sense* of questioning and understanding, leads us to realize that we must attend to the hidden and unspoken bodily aspects of this experience, and respect the sensitive nature of being pregnant for these women. Sensing how unexpected pregnancy might be for these women requires that we touch on their experience with tact.

This "competence of tact", which van Manen considers to have a corporeal aspect, implies the capacity to know both when and how to touch another, not only with a look, gesture, touch, or action, but at other times with silence, with "a holding back, a passing over something" (1990a, p.186-187). We make sense of the experience of the other, not just because we ask how it feels, what is it like for you? Rather, a shared sense of someone's experience comes from our research as we ask these questions with "thoughtfulness which incarnates itself in tactful action" (van Manen, 1990a, p.187).

Phenomenology as a method, with the goal of sense-making, thus served both the research and its participants, and respected the sensitive nature of the experience of unexpected pregnancy for the women. The questions stemming from the activities of the phenomenological method of inquiry assured both a tactful sense of each woman's experience, and a beginning sense-making of unexpected pregnancy. That sense-making does not stop at merely hoping to better understand what the experience of unexpected pregnancy was for these women. From that better understanding, questions about our ethical role as caregivers can be asked, and we can inform our actions not only with tact, but with deeper thought about the ethical meanings of unexpected pregnancy to each woman, to us as caregivers, and to society as a whole.

Phenomenological Research Is Ethical Inquiry

What does knowledge of who we truly are contribute to ethical theory? To value understanding of who we really are, as opposed to who we might wish to be, may not seem to be legitimate ethical inquiry on first consideration. However, ethical inquiry in

the traditional mode of logical reasoning remains unable to offer us concrete guidance on many moral issues that trouble us deeply (Bergum, 1990a; Diamond, 1983; Sherwin, 1989a; Walker, 1989). Consequently, many scholars have begun to suggest what the gaps in traditional methods of moral reasoning may be (Bergum, 1991, 1990a; Goldenberg, 1990; Johnson, 1987; Kristeva, 1981; Lippitz, 1990). To resist exploring those gaps is to rest with inadequate ethical abstractions which do not seem to critically inform us in our daily actions. To enter the gaps does not discount the real value of the ethical principles we have already identified in traditional moral thought. It is instead to imagine what added possibilities in moral thought phenomenology might offer us. Those possibilities lie in reconsidering the nature of bodily experience, language, imagining, and reason.

Our Bodies as Experience

Phenomenology in van Manen's version of human science research acknowledges a central place for human experience as lived, as embodied (1990a). There is a fundamental certainty, for the phenomenological researcher, that the bodily aspects of our experiences inform our thought and actions, and hold valuable knowledge about our human nature in their corporeal reserve. In our bodily way of being in the world, both what we conceal and what we reveal about ourselves is available to us only in hindsight, upon reflection (Sarano, 1962; van Manen, 1990a). Yet, without bringing this experience of the body to language, our discourse is bereft of our first and most fundamental mode of being: our bodily way of being (Merleau-Ponty, 1962). The silencing of our bodily

experiences disembodies our discourse, and disconnects it from meaningful understanding of our experiences.

The activities of talking with each woman, reflecting on the transcripts, and continued reading and writing were all directed towards recovering the embodied nature of unexpected pregnancy. Throughout the research process, the goal was to "recover the nature" (Bergum, 1989c, p.9) of unexpected pregnancy for each and for all of the women, to lift out the corporeal knowledge of being pregnant which each woman carried in her being. For Johnson, a philosopher working in the theory of rationality and meaning, the value of such knowledge is foundational to thought itself: it is knowledge of how "the body is in the mind" (1987, p.xxxviii). Without this embodied understanding of women's experiences of unexpected pregnancy, our "knowledge" of their choices remains disconnected from their lives, and our moral estimations of their actions proceed without a map of their land.

Embodied Rationality: The Grounding of Epistemology

The significance of bodily experience to Johnson's construction of how we form language and reason about our existence is founded in two proposed functions of imagination, which he introduces as: "image schemata" and "metaphorical projections" (1987, p.xiv). Johnson (1987) contends that image schemata, as patterns of pre-conceptual structures in our imagination, emerge out of our recurrent bodily experiences of the world. While viewing image schemata as non-propositional in nature, he still asserts that, at a pre-reflective level of consciousness, they inform our understanding of being in the world with coherence, sense, and an initial organization of a wide variety

of our human experience. This pre-conceptual and bodily understanding, he argues, becomes the fundament of our language and conscious rationality through another imaginative structure, metaphorical projection.

Providing numerous examples of these schemata, including such physical experiences as containment, compulsion, and balance, Johnson proceeds to demonstrate how these pre-conceptual, "pre-rational" schemata infuse our conscious reasoning processes by way of their metaphorical projections in language. In a detailed analysis of the application of his propositions, for instance, Johnson shows "how the meaning of balance emerges in bodily experiences in which we orient ourselves within our environment" (1987, pp.73-74). Beginning with experiences of balance grounded in perceptual and physical activity, Johnson progresses through several other commonly held notions of balance within our culture, including systemic, psychological, mathematical, legal, and moral balance, as well as the balance of rational argument. Through visual and conceptual means, Johnson demonstrates that the central threads of weight and equality are inherent to all these notions of balance; specifically, they are all variations on a recurring theme of opposing forces of equal weight.

Johnson points out that the language of both our legal and traditional moral systems of thought are replete with metaphorical extensions of this embodied experience of balance: "Rights, privileges, injuries, penalties, damages, duties, and so forth, all have *weight*" (1987, p.95). The constraints which Johnson notes in moral thought that is based in a justice paradigm of balance do not appear to be significantly different from those identified by many feminists (Baier, 1986; Bergum, 1990a; Gilligan, 1982). These

scholars have argued for alternatives to the justice paradigm in such values as trust, nurturance, and care. Notably, these alternate ways of understanding our human existence stem from women's embodied understanding of primarily unequal relationships, as women in a male-oriented society, and as mothers of young, dependent children.

Further, it bodes well for our ethical questioning to remember that within our health care system, equal relationships are as difficult to locate, with remaining "power struggles" between disciplines still the rule rather than the exception, and the vulnerable patient at the bottom of the heap, dependent on us all. Johnson's work and the existence of all these unexplored, unarticulated experiences of unequal relationship suggest that research into unexpected pregnancy, as well as many other experiences of women, offers the potential to expand our ways of moral reasoning.

Johnson's theory deserves more careful scrutiny than this work can provide. Nonetheless, his arguments remain worth consideration in relation to phenomenology as both philosophy and human science, as one well developed explanation of their possible underpinnings. In a precise and comprehensive review of Johnson's work, Etches (1990) notes that in realizing that our understanding of reality is embodied and experiential, we also cannot deny that "the metaphorical projections that pervade our language are intrinsically subjective and context-dependent" (p.259). If this is so, the language of our present moral deliberations is grounded largely in the context of male experience. It seems that to complete the moral discourse on our existence, we need to continue the "new hermeneutics" (Goldenberg, 1990, p.188) of women's bodily experiences which

research such as Bergum's (1991, 1989c) has begun. We need to add women's experiences, and ways of speaking and reasoning, to the moral dialectic.

This research hopes to contribute to that discourse, by bringing the embodied context of these women's experiences of pregnancy to language. To address the task of interpreting the experience of unexpected pregnancy as embodied, several activities were undertaken. These activities underlie the interpretation of the women's experience, and bring it to speech.

The Activities of Phenomenological Research

The activities of this research included uncovering and recognizing the research question, searching out and carefully questioning one's own involvement in the question, taping and transcribing conversations with the women, and undertaking continued dialogue and reflection, hermeneutic interpretation and meaning-making, and writing and re-writing. This set of activities constitutes a discipline of thoughtful orientation to the research question throughout the research process (van Manen, 1990b; Bergum, 1989a). The ongoing nature of the activities means that unlike most traditional modes of inquiry, each undertaking contributed to both the data gathering and data analysis phase. Each activity, as part of the process of interpreting the women's experience of unexpected pregnancy, is discussed below.

Finding the Research Question: Owning One's Interest

Gadamer says that a question "'comes' to us, that it 'arises' or 'presents itself' more than we raise it or present it" (1982, p.329). Data gathering begins with recognizing how

and why the researcher chooses and so strongly searches a particular question. For Gadamer, that recognition begins with asking oneself "Why this question? What do I think that I see? What am I wondering about, and finding myself so unable to turn from?" With these questions, the researcher begins to own a deep interest in the phenomenon (van Manen, 1990b). This questioning is not a self-absorbed exercise, but begins instead to "invite a reply, a dialogue, a searching out of opposites and similarities" (Bergum, 1989a, p.45). The phenomenon is turned to in a "strong way" (van Manen, 1990b, p.53), and engaged in a dialectic of deeper and deeper levels of questioning, first with oneself as the researcher, and then with participants as co-researchers (Bergum, personal communication, November 19, 1990).

The researcher's journal, recorded in both handwritten notes and transcribed tapes, informed a continuing examination of the research process from the outset of the project to its completion. In initial notes, I critiqued my involvement in this research question as a nurse working in a reproductive health clinic, as a mother, and as a woman. Repeatedly, I found myself thinking about my experiences of wanted pregnancies, traumatic surgical births, and separation from both my children for several hours after birth. I kept returning to Bergum's (1989c) description of her separation from her daughter after birth, enforced by hospital routine: "I was left standing outside the nursery window looking at my new child" (p.5). Bergum questions, in her book, what was it that she as a mother knew, about that separation; what told her that it was wrong? She asks us, what is at stake here? What is it of women's knowledge which we cannot hear, and what does it mean?

As the question, "What is at stake?" surfaced repeatedly for me in relation to Bergum's work and my own experiences of pregnancy, birth, and motherhood, it also seemed at issue for the women I cared for at the clinic. What was at stake for women who struggled to make a choice about unexpected pregnancy; what knowledge of their experience were we missing? How did their experiences of pain, choice, and pregnancy speak to my own and other chosen pregnancies, such as those of the women in Bergum's work? How did they speak of something different? I knew that my experiences seemed dissimilar in many ways from both the women who spoke with Bergum and the women at the clinic. Yet, my experiences of pregnancy and birth informed my mothering practices, just as the women in Bergum's work had found that their experiences brought them to an understanding of what it meant to mother. Similarly, women at the clinic who struggled with their choice in pregnancy talked of how their pregnancy informed that choice, and what it meant to them.

I also knew that like Bergum, my own experiences and those of the women I met at the clinic furthered my questions about many accepted practices within our health care system. However, words to explain what these experiences meant to me, both personally and for my professional role, did not easily come. Like my bodily experiences themselves, the words seemed hidden from view, out of hearing distance. In the questions Bergum had formed from the talk of women, the pain, joy, fear, and choices embedded in my experiences began to show themselves in speech; this interpretation of becoming a mother held knowledge for me. The knowledge to be found in the experiences related by Bergum, like my own, sprang from experiences of pregnancy,

birth, and mothering a child. But I saw pain, choices, and imaginings of mothering in the women whom I cared for at the clinic as well. What were their pains, their choices, their possibilities for mothering? At a level I could not yet articulate well, this question, "What is it like for you?", brought me not only to the experiences of women with unexpected pregnancies, but perhaps to those of my own and other women as well.

Throughout the research, this process of scrutinizing my own deep interest in the question continued. How could the experiences of these women assist me to better understand their pain, their choices, and their real and/or imagined experiences of motherhood? How might that understanding be joined to my own experiences, and those of others such as Bergum and the women in her research, in a meaningful way? How did the experiences of all of us as women, and as mothers or not mothers, offer us knowledge about ourselves, about our health care system, and about our society?

Bergum's story of her separation from her daughter at birth comes back for re-examination in the re-writing of this interpretation of women's experience of unexpected pregnancy. What does her story mean to this research? What are the necessary pains and separations of pregnancy, birth, and mothering? Birthing pain may be one needed pain, as it informs a woman's understanding that she and her child are now truly separate, yet still so connected and in need of each other (Bergum, 1989c). Pain that follows either an abortion undertaken at the insistence of others, or one chosen for a hoped for child-to-be, may also carry necessary pain, pain which signifies separation and which tells women about their choice, and about themselves. Other pains, however, such as separation for several hours after birth, or being stared at from a distance by nurses while awaiting an

abortion, may not be pains which guide women towards themselves as women, or as mothers. They may instead be pains of separation from one's child, or from oneself, in a way that tells women that what they know is not important, that someone else "knows better."

Understanding of one's own deep interest in the question thus entails careful and continual questioning and bringing to awareness of one's own involvement in the research question (Bergum, 1989a). The tension between one's own involvement in the question and one's efforts to attune to the words of the women in the research inserts itself into a dialectic which surfaces in the interpretation of the women's experience (Bergum, 1989c; Drew, 1989). A continued re-orienting to the research question assists that tension to emerge in the interpretation in a way that deepens, rather than detracts from, our understanding of the women's experience (Bergum, 1989c). Always, through all the activities of the research process, one returns to the stories of the women and asks: What does this tell us about their experience?

Conversational Relation: Research As Dialogue

Bergum points out that the deliberate choice of conversation as a process of data collection assumes an attitude towards the research and the participants that is significant and different from the technique of interview (1989a). This difference may be that of a dependence on tact in creating the conversation, as opposed to a reliance on the pre-conceived tactic of a structured questionnaire. Van Manen identifies this "conversational relation" (1990b, p.98) as one of collaboration between the researcher and the participant, as they orient themselves together towards the phenomenon in question.

Conversations in this research therefore strived for "a hermeneutic thrust, oriented to sense-making and interpreting of the experience that drives or stimulates the conversation" (van Manen, 1990b, p.98).

As with the interviewing technique, these "collaborative hermeneutic conversations" (van Manen, 1990b, p.99) often began with casual chat and exchange of pleasantries. However, just as rigidly structured interviews focus towards one kind of data, the talk of the women and the researcher in this study progressed to deeper levels of talk, continually attending and re-attuning to the phenomenon under study. As the talk continued, reflection and interpretation were employed to seek out and share the themes or deeper meanings of the talk with each woman, and to bring her experience of pregnancy into the foreground of the conversation.

Conversations were taped in their entirety, after informed consent to participate in the research was given by each woman (Appendix E). The initial meeting took place during the first 12 weeks of a medically diagnosed pregnancy for two of the women, eleven months after an abortion for another woman, and three weeks after childbirth for a fourth woman. The number of conversations was mutually determined by each woman and the researcher, in response to the felt need to further clarify and validate interpretations of the talk as they emerged. The number of conversations "is less important than the extent to which the phenomenon is explored" in each encounter (Drew, 1989, p.431). The taped conversations ranged from one to three in number. All initial conversations lasted three or more hours; others lasted anywhere from twenty minutes to one and a half hours. Each transcript was then reviewed and annotated in

further personal or phone conversations with the woman concerned, before the process of interpreting the transcipts proceeded. These reviews of transcripts were not taped; handwritten notes on the transcripts themselves and entries in the researcher's fieldnotes were used to record the women's feedback.

Interpretation: Bringing Experience to Language

The interpretive goal of bringing these women's experiences of unexpected pregnancy into writing began with dwelling in the talk of the women, reading and re-reading their stories. This activity proceeded from initial readings of each conversation as a whole, to re-readings of the text, sentence by sentence, line by line. Recurring words and phrases were marked, and portions of the text which repeatedly stood out were identified. Notes about possible themes were written beside the text of each conversation, whether or not these potential themes seemed to have occurred in any of the other women's conversations. This process, begun with the first woman, was adhered to with the text of each conversation, for each woman.

As themes appearing in all the women's talk were identified over the six months of conversations, a separate developing outline of common themes was recorded in the researcher's journal. This developing outline was reflected on, validated with the transcripts, and then re-written twice more, before committing to an initial outline of themes common to all the women's experiences of unexpected pregnancy. The transcripts were then colour-coded according to this preliminary thematic analysis, and collated for cross-referencing between women on charts. These charts organized the text of the conversations in three ways. First, the page numbers where each theme was noted were

recorded for each woman. Secondly, themes were cross-referenced with each other by page number for each woman. Third, the occurrences of each theme across all the women was visible with this organization of the data.

The developing outline of themes was used to initiate further dialogue with the text of the conversations with each woman, with the thesis supervisors, and with the researcher's own thinking. Interpretation of the women's experiences proceeded with the additional reading of other research and non-research literature, tracing the etymological sources of significant words, searching idiomatic phrases, and the hermeneutical activity of writing and re-writing of their stories. Separate entries into the researcher's journal were continued, to track the dialectic emerging in the written interpretation of the women's experiences. This separate writing activity provided a "second look" at the written account of the women's experience as it developed, and also assisted to continually re-orient the reflective activity towards the women's experience.

These activities assisted with thematic analysis of the women's stories, where "the forgotten, hidden, mysterious, or ambiguous nature" of their experiences were sought (Bergum, 1989a, p.51). In effect, through a deep interest in the question, the researcher "stands in the midst" of it, and by doing so, keeps opening up possibilities, and deepening the questioning (van Manen, 1990b, p.43). Just as importantly, 'standing in the question' maintained the researcher's commitment to understanding the phenomenon, and enhanced the likelihood of discerning essential themes from those which were incidental to the experience of unexpected pregnancy for these women.

As essential aspects of the women's experience emerged, the existential themes of temporality (lived time), spatiality (lived space), corporeality (lived body), and relationality (lived relation with other) were searched for in the stories of the women, in order to evoke a stronger recognition of their experience as it was lived. These existential themes were then "woven into" the writing (Bergum, 1989a, p.52). The purpose in doing so was to apply a rigor to the thinking and writing, and to articulate unexpected pregnancy as these women felt that it was experienced (van Manen, 1990b). While in reality these elemental experiences of our being are not separable, differentiating them assisted to clarify the descriptions of the women.

The "lifting up" of significant text to relate the women's experiences to the existential themes animated the reflective process of interpreting the women's stories. For example, initial recognition of Vanessa's experience of lived other was found in her expressive speech about never feeling, as an adopted child, that she "fit in", that she "belonged" with her adoptive family as who she truly was (1st conversation, p.53). As the text was read and re-read, written and re-written, and informed by both other literature and etymological searches of words such as *fit* and *place*, the interpretation of Vanessa's words became stronger in relation to several existential themes. Not "fitting in", not feeling as if she was in "the right place", began to speak of never experiencing the lived space of "home", "where we can be who we truly are" (Bergum, 1989c, p.75), and of her sense of lived time and lived other, in searching for knowledge about her birth mother.

This deeper and deeper questioning of the meanings of the text, through the hermeneutical reading and writing activities, underscores the central importance of continued reflection, during the research process, on the language used to describe the women's experience. Gadow speaks of the necessity for us to be willing to "ply existing language in evocative ways" (1990, p.16). For phenomenological inquiry, the hermeneutical thrust inherent to the goals of unconcealing, of apprehending and interpreting, and of sense-making may be tied together by a quote of Sollers, as cited in Kristeva (1980):

> Unveiling is not reduction but passion. Logically, the reader of the Divine Comedy is Dante, that is, no one - he, too, is within "love", and knowledge here is but a metaphor for a far more radical experience: that of the letter, where life, death, sense and nonsense become inseparable. Love is sense and nonsense, it is perhaps what allows sense to come out of nonsense and makes the latter obvious and legible....Language is seen as a scene of the whole, the way to infinity: he who knows not language serves idols, he who could see his language would see his god. (p. 159)

The works of Bergum (1990a; 1989b; 1989c), van Manen (1990a, 1990b), Johnson (1987), and Diamond (1983) seem to fortify the possibilities for our language to allow us to challenge our thinking about human experience. They unveil our ways of being in the world in manners of expression that do not reduce our epistemology of being human to either common sense or sensibilities. Instead, their efforts to exercise our language and our reflective abilities, through thoughtful differences in writing and deeper questioning of our experiences, seems to bring the "essence of the human being...more completely' to the fore 'in each moment of life' and within the framework of 'membership in a common greater domain of human life'" (Schleiermacher, 1966, p.48, as translated by Lippitz, 1990, p.57). The insights which they offer us provide both rationale for and

exemplars of the hermeneutical intention which animates phenomenological inquiry, and which breathes meaning into human experience.

Writing these women's experience for this research was a first effort at such hermeneutical writing and re-writing activity, as the interpretations and questions developed in both the journal and in the other written text created their own dialogue. Their stories were written "as a way to approach the knowledge" of their experience (Bergum, 1989a, p.50), and to offer us, through text, more direct contact with the true nature, for women, of both unexpected pregnancy and choice.

Reliability and Validity: Finding Truth in Text

Munhall asserts that reliability and validity in qualitative research can be just as rigorously assessed as in any quantitative study (1989). She points out that while the researcher may be the prime "instrument" in a qualitative design, instruments of any nature carry with them at least some of the values, biases, and presuppositions which can impair the reliability and validity of the findings. Attention to reliability and validity thus began in this research with a disciplined effort to become aware of the researcher's own values, biases, and assumptions about the phenomenon in question. This was aided by the activity previously discussed, of challenging one's own deep interest in the question. This disciplined awareness of self was continued throughout the study, facilitated by consistently recording reflections and questions about each conversation in the researcher's journal, and discussing emerging questions with the thesis supervisors.

Meticulous attention to coding procedures was also essential, in order to ensure that the researcher's diary entries, transcripts of taped conversations, and participants' log materials all remained appropriately matched as the research progressed. To promote accurate coding and filing procedures, the coding was streamlined by keeping separate files under pseudonyms for each participant. The conversations with each woman were entered on both the computer hard-drive and a back-up disc, before any collating of text between files was commenced.

Perhaps most critically, however, reliability in this study depended on the degree to which the researcher was able to promote and maintain a conversational relation with each woman, and thereby remain strongly oriented to the phenomenon (van Manen, 1990b). To the degree, then, that the researcher is truly able to 'stand in the question' with each woman, an intersubjective consensus of what is being described can be reached. The conversational triad between the researcher, the participant, and the phenomenon of mutual concern can be formed and strengthened, and promotes talk which allows the description of the phenomenon to begin.

In this research, all four women indicated satisfaction with the accuracy and the completeness of our conversations as transcribed. Corrections were confined to spelling and grammar errors, and two instances of inaccuracy regarding the date of an event unrelated to the pregnancy. The written interpretation of their experience was also then reviewed by two of the women, and validated as a truthful, representative account of their experience. The other two women did not give any written feedback on the first written interpretation, but remained enroled in the project. The final interpretation as

presented in this thesis will be provided to all four women if possible, and efforts to obtain further feedback will be made.

The validity of the study's findings can be judged in a variety of other ways. If, as Leininger claims, validity in qualitative research refers to the knowledge and understanding gained about the true nature of the phenomenon under study (1985), validity in this research may equate with our recognition of "an experience that we have had or that we could have had" (van Manen, 1990b, p.27). Described as a "validating circle of inquiry" (van Manen, 1990b, p.27), this process begins with submitting the writings to the participants and continues with others. The power of the text to evoke recognition of the experience then becomes one important means for strengthening the validity of the research findings.

Other equally valuable ways to assess the validity of the research findings were available to both the researcher and the participants. Inherent to the process of conversational relation were periods and kinds of silence. While tactful silences to provide the participants time to reflect or more deeply attune to the experience were employed to enhance the quality of the talk, Bollnow (1982) speaks of another kind of silence that signals the arrival in discourse at a sense of truth. This "ontological silence" is felt at the core of our being when we experience deep insights into the meaning of an experience (van Manen, 1990b, p.114). These instances of silence, where identified as such by the participants, offered credibility to the validity of the findings. Such instances occurred during two interviews, and were expressed by both women as times when they felt heard and understood, and had no further need to talk.

These silences may also offer some explanatory power towards the reports of some phenomenology research participants of experiencing the research process itself as therapeutic (Swanson-Kauffman & Schonwald, 1988). The experience of being "genuinely understood by another" (Swanson-Kauffman & Schonwald, 1988, p.102) is a recognized goal in most nursing encounters. At the same time, by Leininger's (1985) definition of validity, it is also a strong argument for validity in this research methodology. All four women in this research voiced that they were glad that they had participated in the research. To all of them, speaking of their experience was viewed as beneficial. None of the women spoke of experiencing harm from their participation, and none withdrew. The commitment to prevent unnecessary harm continues in this writing, by striving for faithfulness to their stories.

The final test of validity for phenomenological research never occurs, however. Better understanding is always possible (Bergum, 1989c), and the possibility of an even "richer or deeper description" always exists (van Manen, 1990b, p.31). Indeed, the extent to which the findings of this study inform others' pursuit of this and related questions, may be the best test of validity in the final analysis.

A Method for a Purpose

The purpose of this research was to explore, describe, and interpret the experience of unexpected pregnancy in a select group of self-referring women. Phenomenology was the research method of choice, both for the nature of the research question and to safeguard the well-being of the women participating in the research. The interpretation

of unexpected pregnancy which follows stems from a disciplined set of activities which were directed towards bringing the experiences of these women to speech. It is time to turn and listen to their words, and to reflect on what we can learn from them. It is time to go to women in their own land, and hear their stories of unexpected pregnancy.

IV. UNEXPECTED PREGNANCY: A PLACE FOR WOMEN'S VOICES

> Let a body venture at last out of its shelter, take a chance with meaning under a veil of words. WORD FLESH. From one to the other, eternally, broken up visions, metaphors of the invisible. (Kristeva, 1986, p.162)

The talk of the four women who participated in this research is the foundation on which this interpretation of unexpected pregnancy is built. Each woman spoke to the unique nature of their own particular experience. Yet, the sound of their collective speech gave special credence to one resounding theme in our conversations: women want to be heard. Each woman, in becoming unexpectedly pregnant, found herself displaced, unseated in her world. Each talked of finding the right *place* for her pregnancy in her life, the place where it should be, or could be. In seeking that place for their pregnancies, the women seemed above all to be searching for a place for their voice, a place where they could speak as they truly were.

Place can be defined as "an area occupied by or set aside for someone or something" (Morris, 1978, p.1000). This notion of place allows us to begin a discourse on what it means to these women to look for a place for their own voice, and to look for the place for their unexpected pregnancy. Another meaning of place, as verb, perhaps extends the manner in which we consider each woman's experience. This meaning of place "always implies care and precision in bringing something to a desired position" (Morris, 1978, p.1001). For these women, this research was that place, a home for their voice. Here, they could speak to the question which no one had asked them: "What is this like for you?" Thus, despite the real risk of pain which accompanied our intimate conversations,

these women identified one overriding benefit in our talk: a place, finally, to voice their own experiences of unexpected pregnancy.

Each woman's voice took distinctive forms. Their individual narratives (Appendix F) underscore the unique life experiences which each woman brought to her unexpected pregnancy. Mary looked at the question of another child from the vantage of mothering teenagers, while Katherine considered the possibility of motherhood after previous abortions. Maggie reflected back on her experience of choosing abortion for a hoped-for child, and Vanessa considered placing her newborn son for adoption. Yet, the sum of these disparate experiences shapes a perspective on unexpected pregnancy which is coherent, and which yields common ground for all of these women. That common ground is constituted by women's need to be listened to, by women's experiences of pain, nurturance, choice, and sexuality, by the place offered in our society for women's experience of self, of others, and as mothers, by the place that women see for children in our world, and by women's understanding of responsibility in unexpected pregnancy.

Johnson (1987) advances the notion that we seek a structure and unity of narrative in our experience of the world, both within our own lives and within our larger human community. This interpretation of unexpected pregnancy is one structured narrative of four women's experience. To the extent that a unity of understanding about their experiences is achieved, the pedagogic value of each woman's experience has been attended to. In that attending, we can hope to further our questions about women's needs, during this experience and others.

There will always be more narratives to shape, and they will always be incomplete in nature, as our human experiences tend also to be: "unfinished and ongoing business, compensations and reparations, postponements and returns" (Walker, 1989, p.21). As we return over and over to this narrative and other future ones, we can ask, in as many different ways as we can imagine: What can the experiences of these women teach us? In the asking, more than the answers at any given point, the way to more ethical and effective caring for all women in unexpected pregnancy, regardless of their choices, may become apparent. The narrative begins as we turn to women's voices.

Fleshing Out Women's Experiences: Women's Stories

> The Muses are said to inspire mortals with their voices. They sing to those they love and bestow talents which make these humans happy, wise, and respected. Surely the image of the Muses is derived from infancy and early childhood. This is the time when the sound of a woman's voice means nearly everything to nearly everyone. (Goldenberg, 1990, p. 208)

Goldenberg (1990) asks us to consider how it is that women's voices, so central to our first understanding of the world as infants and children, become so difficult to locate in our experience of adult discourse. Of the largely hidden experience of unexpected pregnancy, we have heard little from the voices of women who feel that they face a need to choose. This research suggests that women simply don't expect to be asked. Mary expressed her sheer relief at the discovery that the purpose of the research was to understand, rather than to deliver "some pitch" for either the pro or anti-choice camps: "...it was so nice to hear it was a research project that was unbiased either way" (p.1, 1st conversation). The women had not found many non-judgemental reactions when

revealing their unexpected pregnancies to others. In Katherine's past experiences of being pregnant, "Everyone is either have it or don't have it" (p. 43, 1st conversation). For Vanessa, "Everybody just told me what to do" (p. 43, 1st conversation). As with Mary, she found it gratifying just to be asked; she "never felt that anybody would" (p. 10, 1st conversation).

Maggie, whose lover said that he would be there for her even though their romance was over, passed her fetus alone at home, after taking an anti-progesterone given to her by a physician friend. She said that she wished she had never told her lover about the pregnancy. In her eyes, doing so merely opened her to the devastation of hearing him say "it's your body, I can't tell you what to do" (p.86, 1st conversation). For Maggie, the lack of caring which that judgement implied contained the same message as the one perceived by the other women in this study: that her experience was not sought and taken into account. Rather than what pregnancy meant to them, these women found repeatedly that what seemed to matter most, to the majority of the people they confided in, was "what" they were "going to do".

To counter this negation of the value of their experience, each woman continued to search for someone who would invite them to speak. Maggie sought to speak for both herself and the child-to-be she aborted, by going to a priest after she learned the sex of her fetus from lab testing, having a blessing said, and naming her. Her child "that was supposed to be" is in the priest's personal log. "I had to do that. And it was peaceful, we put it at rest. As far as I was concerned, well I've done for her all that I can" (p.127, 1st conversation).

For Katherine and Vanessa, the talk of their experience which began in the research continued afterwards, in conversations with the men in their lives. Resolving to choose for this pregnancy on her own, regardless of her boyfriend's opinion, Katherine stated: "I have made a decision about one thing, and that is that this is going to be *my* decision" (p. 81, 1st conversation). Standing firm on that promise to herself, she found herself in new relation to her boyfriend: "...putting my foot down and saying - look you are not going to influence me this time so don't even try - has made him see me in a different light and he has given me more respect" (p.28, 2nd conversation). Perhaps even more critically, she sees herself differently: "I feel better about myself....without him and with him" (p.30, 2nd conversation). To Vanessa, her husband's fear of her participation in the research sparked a dialogue she had not experienced with him "since we've been together". She felt listened to, and for the first time since disclosing her pregnancy, she felt that "He's really trying to understand me, to understand my situation and how I feel" (p.1, 2nd conversation). As their new way of talking continues over the past weeks, she says that she notices a difference in how she feels towards both her husband and her newborn son. More able to respond to both of them since she has felt heard, two dialogues actually seem to be unfolding: one with her husband in words, and one with her son in other ways.

Mary has found a change in many of her relationships as well, since making a choice about this pregnancy. Always mindful of so many others all her life, Mary saw some of her friends and family in a new light after her upsetting spontaneous abortion of this pregnancy, one she had chosen to continue over her husband's objections. Finding out

who was there for her when she miscarried - her daughters - she finally felt able to leave the others behind. Moving up north to an isolated community, she is one of six nurses, and she loves it. "I know that what I do is important, I'm important, and that's nice". She feels liked and respected, "not for what I can do for them - but for who I am" (p.1, 4th conversation). She has found a place where she feels affirmed for herself, not just for the next favour that she performs for an endless legion of relatives and friends. With that confirmation of self, she goes on doing for others, but in a much more gratifying way, receiving appreciation and realizing that she deserves it.

Her father and sister, both accommodated at every turn of their lives by Mary, are "livid." Her ex-husband, who stayed with Mary in town whenever he was sober, has begun drinking heavily again. While recognizing the difference her leaving makes in their lives, there is a profound change for Mary since this pregnancy. After a lifetime of mothering family and friends since her own mother's progressive illness throughout her childhood, she is now no longer taking responsibility for their upset. Her previous responsiveness to all their needs has found a better expression in a new responsiveness to herself, an attunement brought about by her experience of this pregnancy and its loss. In choosing to carry this pregnancy and its attendant hopes for a child, Mary stopped carrying the responsibility for relationships which do not nurture her or her daughters, her "core family" (p. 37, 1st conversation). Even after losing her pregnancy to spontaneous abortion, Mary remains committed to her new relation with self and others. Since this pregnancy, relationships are shared, as opposed to carried: "I'm going to live for who's giving to me, and that's who I'm going to give to" (p.1, 4th conversation).

For all the women of this research, then, to voice their experience of unexpected pregnancy to others was paramount. It was not because they yearned for a public venue for their talk: privacy and confidentiality were essential elements of our research relationship. Perhaps the foundation for this need was best described by Katherine, when she considered what her pregnancy and the opportunity to talk about it meant to her: "It was my time to be heard" (p.1, 3rd conversation).

Even more significantly than being heard by anyone who would listen, Katherine thought there was value in the fact that this research was "women listening to other women" (p.1, 3rd conversation). Believing that what she had to say was valuable enough to tell the researcher, it also seemed that Katherine valued her voice enough at this time to "stand up" to her boyfriend. In considering the worth of that "standing up" to herself and others, Katherine has become a woman listening to her own voice. Having given herself voice, no one can take away what it has revealed to her. In the strength and respect she discovered within as she listened to herself, perhaps Katherine says what we all need to realize: The most important event that occurs when someone listens to us is that we can finally hear ourselves. In making a choice about an unexpected pregnancy, each woman needed to hear her own voice, to make sense of her experience, and to begin to find what she sought to understand.

The First Voice: Woman As Herself

To find one's own voice in the world begins with a location and knowing of self. And yet, how do we find and know ourselves? In the most fundamental sense, many

scholars talk of the embodied self, our way of physically being in the world, as the primary basis for our understanding of ourselves (Benner, 1989; Johnson, 1987; Sacks, 1985; Merleau-Ponty, 1962). These bodily ways of knowing proceed unself-consciously for us much of the time, and our experiences remain largely unarticulated, unreflected upon, and "taken-for-granted" (Benner, 1989, p.81). However, Johnson's (1987) work has built a strong case for the notion that these bodily experiences concurrently engage us, through imaginative structures, in shaping the forms of language and reasoning with which we reflect, articulate, and form our conscious understandings of ourselves and our world.

These distinctive "ways in which the body is in the mind" (Johnson, 1987, p.xxi), so central to the meanings we create in our lives, take shape in "the sense we make of being in the world through the experiences of moving, touching, feeling, speaking, hearing, and seeing" (Etches, 1990, p.260). Pregnancy, as a profound physical transformation, is frequently delineated in medical and nursing texts by its physiology and it's signs and symptoms. Yet such explanations of pregnancy do not address the complex and interwoven nature, for a woman, of her bodily experience and her sense of changing self.

In a different account, one which recognizes pregnancy from the woman's experience of it, Bergum (1989c) describes the altered experience of self which accompanied the women of her study as they realized their pregnancies:

> She was taking naps in the afternoon and her moods were very labile. She said, "I was not myself"(J1). Women wonder "just who they are." (p.55)

To still be oneself, and yet somehow not so, speaks of the pregnant woman's "experience of being thrown onto awareness of one's body" (Young, 1984, p.51). The descriptions of unexpected pregnancy which follow attempt to articulate this experience of bodily awareness in pregnancy for four women. They are accounts of each woman as she comes to know her pregnancy, and herself-as-pregnant.

Woman Embodied: Dialectic With Self

For Gadow, the embodied way of knowing can be described as a dialectic between body and self which generates self-knowledge throughout several stages of body-mind dialogue (1980a). In the primary stage she ascribes to the "unbroken immediacy...of the lived body" (1980a, p.173), we receive and generate our knowledge through a body that is "ready-to hand" (Heidegger, 1962, p.98). Ready-to-hand means that in an "unnoticed" (Benner, 1989, p.81) mode of being, we as-our-bodies proceed to act on the world in a non-reflective fashion. Gadow contends that in this fundamental mode of relation between body and self, we come to understand our capabilities in the world, and our vulnerabilities to it. Such unity of self-knowledge allows us to proceed unself-consciously through our daily lives, perhaps providing what Johnson (1987) calls "narrative unity" (p.172) at a pre-conceptual level. Our story to ourselves about what we are doing, unexpressed, "makes sense" to us.

In illness, aging, fatigue, or other faces of a changed capacity to act on one's world, however, Gadow asserts that a new or second relation between body and self emerges: "disrupted immediacy" (1980a, p.174). No longer experiencing our existence from our previous bodily understanding of the world, the nature of the relation between the body

and self becomes adversarial. In this relation, my body's differences threaten my sense of self as known, and the unity previously lived in my state of primary immediacy is gone. In its place, I struggle with "myself", as body and self pull me in disparate directions. My former story of "what is" no longer creates understanding for me, and I must try to interpret the new text which this unfamiliar bodily experience provides.

The physical onset of pregnancy for Maggie evokes an image of this mode of the dialectic. In the final semester of her MBA program, Maggie attributed her fatigue and "lousy" feeling to the stress of her studies and her first fight with her lover. With an IUD in place, she didn't consider the possibility of pregnancy until her period was long overdue. Then, as her relationship with her partner deteriorated, realization hit: "I didn't feel pregnant, but I knew I was" (p.88, 1st conversation). She was out of town on a business project as the early days of her pregnancy ensued. Weight fell off her, and the pregnancy physically felt like one part of an entire life under seige. Her overwhelming feelings were ones of bodily vulnerability, real frailty, and escalating fear.

Back in town, Maggie faced the end of her relationship with her lover at the same time as she contemplated a choice for her pregnancy. This pregnancy, while unexpected, was supposed to be in her future: she and her lover had planned marriage and a child together. They had talked in the past about what she would look like pregnant, what a child of theirs would look like, even what names they liked. From that vision of a secure relationship and a wanted child, Maggie suddenly found herself placed down in a disintegrating world of no relationship, and a man who said "It's your body." She continued to lose weight, couldn't sleep, and cried all the time. A physician friend

expressed alarm at her overall health; she was down to almost 85 pounds. She gave Maggie a anti-progesterone abortifactant at her request, ensuring that she would be available to Maggie if she was needed. Maggie told her boyfriend what she was going to do; he told her that he had to go to a tennis tournament. Alone, she laboured and passed her fetus at home.

Maggie's body-as-pregnant seemed to symbolize a greater disruption of her very being. In the struggle between body and self, pregnancy seemed to reinforce to her the vulnerability and complete aloneness which her severed relationship represented to her. While Maggie agonized over a project which she had imagined in her future, a child, she could not see a present with that child; she could not even take care of herself. Her physical appearance alarmed her friends, and they tried to feed her. She began counselling and determined that she would have an abortion. Afterwards, she continued counselling, took anti-depressants, and eventually began to eat again.

In this pregnancy, it seemed that Maggie's body-self dialectic threatened her very being, and couldn't give her a way of seeing herself in the world as mother. The dialogue and a hoped-for child were both aborted, not far from a point of impending physical and emotional self-destruction. Incomplete for now, the dialogue instituted with pregnancy may return for Maggie, when she is able to entertain it safely, without fear of losing herself in it. The other day, she bought again the perfume that she used to wear in that relationship; she now feels able to wear it again. It is a special freedom for Maggie to do so: "That perfume is me, and it's so nice to be able to wear it again. I'm

getting back what is mine" (p.1, 2nd conversation). What is good for her, and about her, is hers again. Slowly, she reclaims herself.

Mary's experience of discovering her pregnancy represented a disruption of another kind, but also one attended by fear. Her early symptoms of fatigue and nausea convinced her that her cancer was out of remission. Pregnancy did not even enter into consideration as an explanation: she had previously undergone radiation and chemotherapy for cancer two years prior, and had been told that she was sterile. Her trepidation turned to shock and then relief, as she interpreted the positive pregnancy test as an indication that she was healthy, "healthy enough to be pregnant" (p. 2, 1st conversation). After reassurance that she did not have cancer again, her physicians told her that she could continue the pregnancy if she wished. Mary declared that "I don't feel pregnant. If I decide not to terminate, then I'll feel pregnant" (p.32, 1st conversation). Her choice would rest on many factors, including her husband's reaction and the results of an ultrasound. Of her first children, premature twins who died within hours of birth, she recalled how her growing excitement turned to pain on their untimely arrival:

> When they were born at six and a half months that was just, don't count on anything, on having, it was just reinforced that...until you can put your hand on it and say here it is, it's not. It's a might be but it's not a definite. (p. 24, 1st conversation)

Two weeks later, after a normal ultrasound, Mary entered her pregnancy physically. Morning sickness was "no big deal - you just smile....it's nice being pregnant. You just get this smile on your face" (p.10, 2nd conversation). She sewed material for a baby blanket as we talked, and debated styles of diapers. There was time for such things, baby things, now that she had decided to carry on with her pregnancy. Her daughters marked

"due date" on the calendars in the house, and there was a lottery amongst friends and family to guess the birth date. The winner would buy the christening layette: "once I knew I was pregnant, and going to have the baby it was wonderful. I really enjoyed it....There was a baby coming" (p.36, 3rd conversation).

Mary's doctor ordered a second ultrasound, to verify her baby's gestation. The technician performed the exam, but something in her face "gave her away" to Mary (p.36, 3rd conversation). Still, she insisted to Mary that nothing was wrong, "just go see your doctor and don't worry about things" (p.36, 3rd conversation). After getting home, Mary started to have mild cramps; the clinic called her back for a second ultrasound. This time, as the doctor did it, moved the probe around her tummy, she could see on the screen that "everything was textbook perfect, except for the heartbeat. It just wasn't there." (p.38, 3rd conversation). When she asked him why there was no heartbeat, he asked if she had any children at home, and she said yes. Then he asked her about miscarriages, abortions, and again about her children - were they healthy?

> I said yes. He said "then this probably won't be so hard...But why wouldn't it be hard?....I said, there is no fetal heartbeat there, why not. "Well it's something you have to talk to your doctor about" he said. No, I said, that's something you can tell me, you're a doctor, you're performing this exam, you can tell me. "There is no heartbeat," he said. And I said, I'm getting cramps, I'm miscarrying, aren't I? And he said, "Well, yes." And those cramps intensified so bad. (p.38, 3rd conversation)

Within a few more hours, Mary's flow was frank bleeding. Still, she clung to a hope that things would be okay: "It didn't matter what kind of physical signs there were, up 'till then I just kind of drew a blank....You can find all kinds of things about why you can be pregnant when you're not" (p.59, 3rd conversation). Baby blankets, the diapers

she had made, and the little baby shoes from a friend, all told her that a child was coming, that she was *with child*. In the hospital, waiting for surgery, a tactless remark about her medical history from a student intern unleashed her grief: "I just cried and cried....It wasn't just a fetus that got carried away with a D & C, that was my baby" (p. 43, 49, 3rd conversation).

When Mary arrived home after her miscarriage, a friend had delivered a beautiful crib. A few weeks later, she and her daughters were out shopping in a department store:

> Sometimes, I think I'm still pregnant.They had all this baby stuff and they had this great baby sale going and we stopped, you know, and the three of us were looking and it was like "Oh, look at this". And it was kind of simultaneously. (p.6, 3rd conversation)

Bergum notes that "It is through her pregnant body that a woman comes to know herself as mother" (1989c, p.53). Being *with child*, Bergum suggests, is a "commingling, an entangling, an interlacing that goes beyond companionship. It is a mysterious union, unlike any other." (1989c, p.53). As with the women in Bergum's research, none of the women in this study expressed a sense of understanding the meaning of their pregnancy instantaneously, nor of knowing themselves as mothers immediately. Rather, with communion over time between body and self, each woman moved towards or away from a vision of self-as-mother. Mary's experience also suggests to us that just as a woman's knowledge of being with child develops over time in pregnancy, an understanding of its absence take time, as well. It seemed that for Mary, choosing for the pregnancy began a dialect between body and self which created a knowing of her child. This knowing stayed with her after its death, giving her both pleasure and pain as she looked at baby things with her daughters.

At home with a three week old infant, Vanessa perhaps presented another manner of dialectic between body and self in pregnancy, one that continues even as she mothers her son. Recalling her initial attunement to her body-as-pregnant, she vividly expressed the profound shock that came over her as her friend described her pregnant symptoms:

> She told me how she was feeling and I thought - oh my God, I feel the exact same way.... My heart just dropped out of me, I just, all of the sudden reality hit me - I thought, I'm pregnant, I know I'm pregnant. (p.3-4, 1st conversation)

On oral contraceptives and just newly reconciled with her former boyfriend, Vanessa stated that "there was no way I wanted to be pregnant" (p.18, 1st conversation). She had important plans for her life, and she was working and saving to go back to school. Neither marriage or children were in her plans; she " never, ever wanted children (or) to get married when I was growing up, you know?....I knew what I wanted to do" (p.22, 1st conversation). Having avoided pregnancy successfully for six years while taking the pill, being pregnant seemed impossible to her now. Yet, as she listened to her girlfriend over the telephone, she knew.

> I felt more in touch with my body, like something is different [sic]...all of a sudden just, I felt what was there all the time, but I'd never felt it the same way - it was in a different way once you knew. (p.5-6, 1st conversation)

Her first thought was "I've got to get rid of this, I wanted to have an abortion, because my life was all planned, you know?" (p.26, 1st conversation). However, her family, friends, and boyfriend were all adamantly opposed to either adoption or abortion. As she informed others of her pregnancy and heard their advice to become a wife and mother, Vanessa seemed to enter a dialectic where her pregnant body corresponded with a woman almost silenced as self. She took care of herself and ate well, yet of that taking

care, she said: "I did all the right things but I didn't feel to do them [sic]" (p. 139, 1st conversation). She found the fetus' movements within her merely "interesting," and she made no efforts to prepare for the arrival of an infant. Most of all, she "hated what pregnancy did" to her body: the stretch marks, and even the "pregnant glow....isn't that the worst, I mean when you are not happy being pregnant and they say you have the glow...you just feel gross" (p.140-141, 1st conversation).

Vanessa recalled that in the midst of family and friends who celebrated her marriage and impending motherhood, she could not even remember her husband proposing to her. She felt that she had not chosen pregnancy, had not chosen a child, and had not chosen marriage or motherhood. To keep some hold of herself and some sense that she still could choose, she went on reminding herself that despite everyone else's plans for her future, adoption remained an option for her after birth. She differentiated the feelings she experienced at her son's birth from those she searches for within herself now, to find what is best for both him and her:

> When he was on the table there...you have a feeling of - this is mine, you know, no one can take him away. But I think it is more of an emotional thing than real true feelings....then you don't feel that emotion anymore...you are starting to feel the realities, they are setting in....(those) feelings are more what you develop. It's more genuine than an emotion....and I think those feelings you have to respond to, you have to. (pp.60, 62, 81, 106, 1st interview)

Vanessa's words, bound up in the ambivalence of what she has experienced in the birth and early mothering of her unchosen son, evoke the struggle of her body-self dialectic. Connolly (1987) talks of the first few minutes after birth, as one mother looks at her baby, a baby whom she has decided she will give up for adoption:

> The look said "you're mine forever", wistfully, from mother to baby but, more significantly from baby to mother, and it was absolutely correct. I am his forever. (p.163)

Vanessa nursed her son while we talked, continuing to question the right choice, for her child and for herself. She knows what he needs, and it is extremely important to her that his needs are met. She can't bear to listen to him cry, or to leave him in a wet diaper. When her husband holds him "way out here" instead of very close, or doesn't go pick him up when he's crying, it hurts her. Feeling that she truly sees a weight of responsibility in parenting that her husband doesn't share, she struggles to disengage her voice from the swell of his and others:

> People are giving me, like being a mother, by being a mother you will find out that you are a mother....Or being a wife, you will find out that's what you want....yet, do they really know me? (pp.127-128, 1st interview)

Vanessa hoped that in having her experience listened to, she might find out more about herself, and thus know what to do for both herself and her son. "I need to find myself before I'm ready for it. And even before I know what I want to do with him..." (pp.99-100, 1st conversation). Adopted herself, she feels that she can "realistically" assess the potential benefits and risks of placement for her baby. Yet, she remains unsure of what it may mean to her. She is scared of losing her husband and family over a choice they could not understand, and also of "losing someone who might even look like me, because I have never had that before" (p.137, 1st conversation). She's not yet ready to make a choice for her son and herself; the dialogue between body and self is not yet complete. She waits to know the difference between "emotions and truth" (p.80, 1st conversation).

Gadow suggests that at such a point, a renewed unity of self can only be achieved when a third relation between body and self is achieved: that of "cultivated immediacy" (1980a, p.177). In this relation, she argues, the development of self is achieved *through* this changed body, as opposed to in spite of it. Harmony with, not mastery of, this changed physical way of being in the world is sought; self and body transcend their previous struggle, and mutually enable the person as a whole. New ability to unself-consciously act, within the context of this renewed body-self, evolves and informs our way of being in the world. For Vanessa, the outcome remains suspended. The talk goes on and widens, though, as she finds her husband now listening to her concerns, and finds herself responding to him and her son differently.

In contrast, Katherine's experience may provide one exemplar of Gadow's fourth mode of immediacy, that of "aesthetic relation" (1980a, p.182). In this way of being, Gadow describes a relation between self and body which reciprocally informs and creates self-knowledge, knowledge embedded in a rich context of bodily experience. From this understanding of knowing, the body becomes a text which must be interpreted (Gogel & Terry, 1987). The text of the body, within the context of pregnancy, may be read for the knowledge which it offers.

Katherine's account of her evolving realization of her body-as-pregnant offers us that text. Three previous pregnancies left her with little doubt about the reason for her absent menses when she took a pregnancy test a few days before entering the study: "I sort of had an idea, well I must be and I was hoping that I wasn't....and when the clinic phoned me I just hung up the phone and started laughing" (p.1, 1st conversation). Within two

days, she had swollen breasts, and she had looked at baby furniture: something she had never done with any of her previous pregnancies. She caught herself looking at children in the street with curiosity, noticing their presence in the world differently than she had before. She could imagine being with a child: "....on the couch with a blanket and I was just picturing a baby there with me....sort of envisioning teaching it how to read, 'cause I always thought....I will definitely do that with my children" (P.56, 1st conversation). The presence of a possible child seemed to be finding a place within Katherine that did not take away from her-as-self, as Vanessa seemed to experience. Rather, her growing experience of this presence seemed to help her find her own voice, and allowed her to imagine herself-as-mother.

In a discussion of Gadow's definition of the aesthetic relation between body and self (1980a), Young talks of the experience of pregnant embodiment for women who have "been able to take up their situation as their own" (1984, p.47). While acknowledging that pregnancy could be seen as a state of physical self-awareness that estranges a woman from herself, Young (1984) suggests that for women who welcome pregnancy, a self-attunement which creates a new attending, and thus relationship with, their bodies-as-pregnant may be occurring. This mode of attending engenders a realization of the foreign aspect of growing pregnancy, as well as a growing sensibility of the other, the fetus:

> Pregnancy challenges the integration of my body experience by rendering fluid the boundary between what is within, myself, and what is outside, separate. I experience my insides as the space of another, yet my own body....The integrity of my body is undermined. (p.49)

For a woman who welcomes the realization of pregnancy, Young suggests that this growing attunement to a changed body, an uncertain line between self and other, is an

unseating which may be discriminating rather than unsettling. Awaiting the changes while not yet knowing them, the woman can apprehend them directly in a self-aware manner that does not objectify her, but in fact expands her experience of herself, to beyond herself. Even as her new bodily way of being in the world removes her former understanding of herself, the ongoing exchange between this new body and self creates new meanings for her experience, and new possibilities for action.

"The pregnant woman notices that the world is full of pregnant women, mothers, and babies" (Bergum, 1989c, p.62). For Katherine, this was so, even before she realized that she intended to continue this pregnancy. She noticed mothers and children, and pregnant women and their bellies. The possibilities of this pregnancy included looking where she had not concerned herself before: baby things in stores and children on the street. She took out her calculator and estimated her financial needs for a child, and she looked at the cost of diapers, strollers, and other fundamental items. She noted her efforts to take care of herself, which had been going on for some time: "my self-improvement" (p.81, 1st conversation). Once a fairly frequent drinker, she was refraining from alcohol, trying to get more exercise, and making an effort to eat well. Barely pregnant, she was already beginning to imagine a place for a child, to find a way to be *with child*.

For Katherine, the fruits of this body-self dialogue remained evident, even after her miscarriage. She continued to take better care of herself than she had before pregnancy, and she opted to keep her own apartment, declining her boyfriend's invitation to move in with him. Taking care of herself feels good, and she wants to keep exploring the

personal changes that accompanied this experience of unexpected pregnancy. Having found her voice and heard its sound, the place Katherine wishes to take in the world is taking shape. She does not wish to prematurely close the dialogue with self, after finally beginning to attend to it.

Gadow's levels of relation between self and body (1980a) lead us to question: How does the bodily experience of pregnancy inform each woman, as she considers her situation and searches for her own voice, for herself? These descriptions of unexpected pregnancy suggest that in attending to their bodily experience of pregnancy, each woman recovered knowledge of herself in an ongoing, dialectical fashion. For each woman, the dialectic between body and self within pregnancy formed a different account of knowing, an account that can never be completed in nature. Each woman had questions about her experience at the close of the research, but they were different ones than they started with. For instance, Katherine began her pregnancy wondering if she could take responsibility for a child; she questioned after her miscarriage, instead, when she would become a mother. There was no longer doubt, for her, that she could be a mother, only uncertainty about the right timing.

Gadow herself asserts that just such incompleteness connotes the quality of the dialectic throughout all of its phases (1980a). It seems that, as with the research method itself, understanding lies more with finding the next question, than with arriving at one unassailable answer. What seems important for our understanding of women's experience of unexpected pregnancy, then, is that we acknowledge the potential significance of each account, and ask ourselves to listen to them. As we listen, we affirm the place of such

accounts in women's experience; we affirm a place for women. Each woman can hear her own voice, as she questions the place of her pregnancy in her life, and comes to understand what its unexpected arrival means for her, as a "choice embedded" (Sherwin, 1989a, p.67) and an experience embodied in her life. Allowed to hear herself, she can begin to contemplate the meaning, for her, of this unique relation with other.

Pregnancy as Relation: The Unique Self-Other

What does the body-self dialogue expressed in unexpected pregnancy by these women help us to understand about their experience? What does it feel like, unexpectedly pregnant, to move from a daily communion between self and body that is understood and taken-for-granted, to a changing dialogue that is full of unknown possibilities of self and other? In Bergum's (1989c) research with women choosing pregnancy, there was a growing sense of the presence of the fetus expressed, as well as different feelings of vulnerability. Yet, in their experiences of chosen pregnancy, the loss of control and vulnerability seemed to assist with understanding the changes to come; the women became aware of what pregnancy and motherhood asked of them. Each woman, in her own way and own time, determined that she *was* now a mother, however enormous the responsibility seemed at times.

How do women experience this vulnerability and loss of control of pregnancy when it is unexpected, unchosen? As with the women in Bergum's study (1989c), the body-self dialogue for these women became, at some point, dialogue with the fetus as possible other. That dialogue was welcomed or struggled with, bringing with it a strengthening

of self or a threat to self. Space for each woman as herself began to transform, as she considered the notion of making room for the fetus-as-other within.

For Katherine and Mary, that notion seemed to strengthen their sense of themselves as women, and there seemed to be enough space for both self-as-woman and self-with-fetus, the unique relation that is self, yet not oneself (Bergum, 1989c). For Maggie, that same notion seemed full of fear and pain. Struggling to retain a sense of self after her relationship with her lover ended, she could not find a relation within that strengthened her. The pregnancy seemed to lead not towards, but away from self, in a sense that was full of terror. Learning the sex of her fetus after the abortion, she found a relation with her fetus through a priest who listened without judging. Heard once, she found the resolve to write her lover and be heard again. In this research, she voices her experience once more, and expresses a self that is changed, and stronger. She will not offer her love again to a man who cannot share genuine intimacy.

For Vanessa, sharing herself with her son felt like a smothering of her own voice, as she searched for others to listen to what this experience meant to her. The "taking over" of self which Vanessa spoke of during pregnancy now changes; the experiences of birthing, mothering, and breastfeeding her son create new questions for her. Nursing, with its bodily rhythms of filling and emptying her breasts, nurturing and being drained, holding and connecting to one another, inform Vanessa's understanding of her son's deep need for her, and her equally strong need to know that he will be cared for. Even as she questions if she can mother him, she sees what mothering is, and takes it on. But with no one listening, she takes it on with fear of drowning, losing herself. She asks others

to hear her needs: to have space for herself as woman, and to know that others truly understand what it means to mother.

It seems that with chosen or unchosen pregnancy, a sharing of self is asked for that is unique to the experience of women: a sharing of self within that alters the very boundaries of self as known. For the women in this research, the sharing of self with other was encountered when each woman imagined or realized a possibility of a child. The voice of every woman began with her body as self, but for Katherine and Mary, continuing the pregnancy brought a developing relationship with other, an unique other within (Bergum, 1989c). For Maggie the sharing began from the safety of a recovered self, with a priest and in this research. For Vanessa, the struggle in sharing continues, as she mothers and tries to choose for her child.

For each woman, being heard was the essential first step in contemplating a sharing of self with a child-as-other. Those who found no place in pregnancy from which to speak out and be heard as themselves found no place for relation-with-other. Listened to as they are, in the first voice of self, women may then be heard in a second one: the voice of woman-in-relation.

The Second Voice: Woman In Relation

The fact that such accounts of their pregnancies only surfaced when these women were asked by a researcher seems to support the assertions of Gilligan (1982) and Noddings (1984) that women take very little time for themselves, time that is separate from others. In the descriptions of their lives to this researcher, present relational ties

and relational legacies of childhood families suffused the talk of these women. More than any other theme, understandings of themselves in relation to others constructed the context from which they designated a place for themselves, if any. Often, women would only begin to talk about themselves separate from others through recurrent questioning.

On one level, this thread of others in women's talk may reflect the fact that their lives are embedded in "ties that bind;" that in the binding of these women to others, they come to choose for their pregnancy. Ties that *bind* can be viewed as those attachments which secure, fasten, enclose, or cause to cohere (Morris, 1978). Alternately, though, ties can also "hold or restrain....compel, obligate, or unite....make certain or irrevocable....(or be) tight and uncomfortable....(or) stiff" (Morris, 1978, p.132). While we often speak of such relational ties in women's lives, perhaps we less often ask what it is to be *bound up in* something: to "be inseparably connected with (or) wholly dedicated to" (Morris, 1978, p.156) something or someone in our lives.

Yet, perhaps it is this experience of being bound up in, more than the binding ties themselves, which informs women's choosing in the experience of unexpected pregnancy. Ties that bind - children waiting for dinner, legal partnerships in life or business, colleagues and friends who want some of our time - these are all concrete details of relationships, proof of our connections to one another. They seem to show who is important to us, what matters. But what of the commitments which we are bound up in by being in relation with one another, the foundations which create and sustain those ties: the commitments of love, care, nurturance, trust, and understanding of others? How can an exploration of the commitments underlying women's relational ties assist us to

understand the nature of unexpected pregnancy for these women? What did choosing in pregnancy become bound up in, for these women?

Bergum suggests that "understanding the nature of commitment and care of One (the mother) for the Other (the developing child) may give greater understanding of what it means to care and nurture one another" (1991, p.1). In this research, Bergum's statement is useful as we question how these women, in unexpected pregnancy, determined the possibilities for nurturance from the context of their relationships. We can ask: How does each woman find nurturance for herself, and for her pregnancy, in her experience of relationship with others? What, for these women, was inseparable in connection to her pregnancy, bound up in her choice, if a commitment to nurture a child into being was to be made?

Women and Ties: Negation Or Nurturance of Self?

Mary said of her recent night at a friend's empty apartment: "It was nice. I haven't had that for, well I haven't had time by myself, just me, oh it's been over five years" (p.1, 1st conversation). For Mary, the everyday world is one of constant accompaniment, from daughters, ex-husbands, numerous friends, and relatives: "I don't break ties very well....it's not an "I" oriented world, it's an "us" oriented world" (pp.52, 56, 1st conversation). Yet, while Mary did not question the number of people who seemed to need her in her life, she viewed their responsibility to her differently than hers to them: "I seem to attract dependent people. Probably by my will as much as theirs" (p.40, 3rd conversation). If she could be there for others, she would be. That was what she was used to, from early on in life. At age 5, her little brother died, and her mother took ill.

Although she didn't have to start staying home from school until several years later, when her mother finally had a heart attack, it is from five on that she remembers feeling responsible for the others:

> Brad died on August 29th and Dad went out to work, he couldn't stay home very long 'cause he couldn't afford to....I know he wasn't home for my birthday and he came home at Christmas; I think I started being a mother then. (p.6, 1st conversation)

Surrounded by others in her present home, it was nothing for Mary to have eight over for coffee, or eleven children over to bake cinnamon buns on the weekend. A nephew that needed a stable home lived with her for the first year of his life, and a half-brother with handicaps interrupted her nursing education for a year after his mother died, because his "mom died and I took her place" (p.11, 1st conversation). Yet in the midst of many relationships entering and exiting her life, Mary knew, at bottom, one fact about her connections with others. Her family configuration at any given point might differ, but for Mary, one constant remained throughout: "there's always our core" - herself and her two daughters (p.37, 1st conversation). For Mary, her daughters were the only relationships where she was loved and accepted as she truly was: "I don't have to be anything more for the girls except me" (p.31, 3rd conversation).

In contrast, Mary spoke of her husband as a man who couldn't accept her or her daughters. Feeling that "a woman's place is in the home," he is even more upset about her being a nurse than being a waitress: "good wives don't" (p.3, 1st conversation). As a teenager, Mary had to turn down university scholarships to stay home with her younger siblings. Now, after a long struggle to enter and to graduate from nursing, Mary says of her first few months of nursing: "You're doing the same kind of stuff, you're taking care

of people, waiting on them, but you get a lot more respect and people don't treat you like crap" (p.8, 1st conversation).

Her husband thought that she was "filling the girls with too much women's lib nonsense. Well it's not. It's survival and it's just plain ordinary survival" (p. 25, 1st conversation). For Mary, that survival also meant not letting her husband divide her family between "his" baby, her current pregnancy, and her two daughters. His comment that "it would be nice to have his own child" (p.13, 1st conversation) seemed to represent a key difference in values between Mary and her husband:

> I have two kids already and if I have another one, I'll have three kids, not two of this and one of that....It can't be two separate families. It is one family. Or it won't be....There is no special one. They are special or you don't have them. And if I carry through with the pregnancy and he does impose his "my baby", I'll just leave. (pp. 13, 37, 1st conversation)

For Mary, the initial significance of her husband's reaction to the pregnancy receded as her experience of the pregnancy ensued. As he expressed resentment over the inconvenience of a baby at this point in their lives, her conviction that he was extraneous to her decision grew. Realizing what another child meant to her at this point in her life came more from the welcoming of the possibility from her daughters, her core. They let her know that the decision was hers, that they loved her no matter what she chose. Unlike her husband, Mary felt that her daughters sought no ownership of her, of a baby, or of her decision.

Keeping the pregnancy and then losing it hurt Mary in a way that she "was really afraid that she couldn't stand up through....I knew I could be strong for other people but I didn't know. I didn't know that I could be that strong for myself....I'm a lot stronger

than I thought I was" (p.48, 3rd conversation). For Mary, nurturance came from the pregnancy itself, and the response of those closest to her, her daughters, in both its joy and its loss. The acceptance and love she already gave and received with them in their daily lives was reinforced as they chatted around the kitchen table about due dates, did homework with friends, chose baby things. That was the love that was there for her, when they cried together after the miscarriage. They are the core that never changes; there is contentment and strength in her knowing of that.

Katherine, too, saw her pregnancy as an experience which gave her strength: "Well it has been building for awhile but I think the pregnancy made it come around a lot faster. 'Cause being pregnant...you have to be strong because it is not just for yourself" (p.11, 2nd conversation). She avoided her boyfriend while she thought about her pregnancy; she feared that his insistence on another abortion, as with her previous pregnancies, would intimidate her if she let him near. With those pregnancies, she had looked to him for care, and found none. This time, she did not expect him to care, and found strength in deciding that she would not seek it from him. This time, she expected to care about herself, and find out, for the first time, what it was that *she* wanted to do.

For Mary and Katherine, it seemed that the dialogue with self initiated by pregnancy revealed their strength. The dialectic within gave them a place from which to imagine themselves, in this pregnancy, as mothers. Lippitz (1990), in his interpretation of Levinas' discourse on the ethical meaning of the Other, suggests that "There is no symmetry in the ethical experience. I am not an equal partner, but....The Other enables me to do more than I can do" (p.55). Perhaps the dialectic of pregnancy for Katherine

and Mary, as one which took them towards rather than away from self, allowed for the existence of other, allowed for the possibility of a child-to-be, and a mother-to-be. Sensing the strength to be drawn from their own experience, they protected their self-communion by distancing from relationships that interfered with their listening to it. They disengaged from partners who could not nurture them, and sought affirmation of themselves as worthwhile from other sources: for Mary, her daughters, and for Katherine, her sister and mother. In recognizing where nurturance for them as women was not situated, they turned towards relationships which did. Nurtured as women, they found a place within from which to nurture the notion of woman-as-mother.

In contrast, Maggie and Vanessa entered pregnancy enmeshed in their relationships, ones that also did not seem to acknowledge their needs. Unlike Katherine and Mary, who created space between themselves and their controlling partners, Maggie recalled how "any free time I had, it was he and I. I didn't see other people" (p.79, 1st conversation). They "never had an unpleasant moment" (p.52, 1st conversation) until their breakup. In retrospect, she felt that the pleasant ambience of their relationship seemed dependent on her meeting certain criteria for him as a mate, and reliant on her not having an important past that had involved other people. With both him and her ex-husband, the thread of ownership seemed constant:

> They were very much alike....they wanted to own me, they wanted me to fit into them, they wanted me to fit into their lives (p.153, 1st conversation)

To *own* is "to have or possess, (or) to acknowledge or admit" (Morris, 1978, p.938). To be admitted into another's life, on their terms only, seemed to Maggie her experience of both these relationships. In comparison, to *come into one's own* is to "obtain

possession of what belongs to one, (or) to obtain rightful recognition" (Morris, 1978, p.938). Vanessa talked of her need to find recognition from others that her feelings were real, that her differing knowledge of self from their picture for her was valid. She feared that no one would listen to her, that she would not be able to own that knowledge of herself, and would not come into her own:

> As the days go on, I am further away from being in touch with my feelings and closer to being swept into whatever the others want....more and more it's taken over...you are giving up you. (pp.107,108,112, 1st conversation)

Vanessa, like Maggie, questioned who could love her for herself, as woman. Her husband's refusal to accept her feelings as genuine are crystallized in his statement to her when she first tried, newly pregnant, to talk with him about adoption: "You'll change, when the time comes and we see that baby, you will change" (p. 59, 1st conversation). Her mother said the same thing. Recollecting her experience of being kicked out of home at age 14 when she rebelled, she has a deep fear of being rejected by her husband, family, and friends, her entire community of others, should she insist on being heard. That fear of being cast out "makes you hesitant to find out how you really feel....it's a real need to be accepted" (p.130, 1st conversation).

In her experience of giving up herself, Vanessa contemplated giving up her son. She did not see a way, during pregnancy or these first days after birth, for there to be room for both herself-as-woman and herself-as-mother, a rightful place for both her and her son. Caring for her son and wanting his needs met, she felt an inexorable and escalating loss of self. Everyone continued to offer her "the 'right' decisions" (p.74, 1st conversation) for her situation, just as they had in pregnancy. She recalled how with the

first news of her pregnancy, her boyfriend had told her "if you have an abortion, I will never speak to you again" (p.34, 1st conversation), and her mother had told her that if she wouldn't keep the baby, "I'll take it" (p.37, 1st conversation). She was told that as her belly swelled, she would "fall in love with that baby" (p.37, 1st conversation), but during pregnancy, "not once did I ever feel like I loved it....I never bonded with him" (p.138, 1st conversation). In marriage, however, her feelings remain as unacceptable to her partner as before; her husband watches a television program on post-partum depression, and suggests to Vanessa that she must have this illness: it is a neat, tolerable explanation to him for the doubts she is voicing.

Meanwhile, Vanessa feels that a choice for her son, which no one wants to hear her talk about, "needs to be dealt with right now and you don't have time to find out what you can do" (p.100, 1st conversation). The ever-present needs of mothering him had left her feeling unable to locate herself, to find her voice. This research is her first claim to that voice, and seems to have initiated further dialogue between herself within, and with her husband and son. In the nurturance of being listened to now by her husband, Vanessa feels that she can begin to understand what choosing for her son means to her; only then can she make that choice.

For Maggie, too, the process of reclaiming herself could not begin in pregnancy, and without self she could not find a place for mothering. For her, the experience of her pregnancy and her relationship were "part and parcel, because the pregnancy was his, and I trusted him" (p. 178, 1st conversation). Without the nurturance of that trust and the relationship it held the promise of, there would be no baby; there was barely herself.

Physically, she faded away and others questioned her will to live, she questioned it also. Only after the abortion, and with the nurturance of a non-judgemental priest, could she find a relation with the child she had once hoped for.

Maggie felt that she had barely escaped with herself from her relationship with her lover. She reflected on how little her voice seemed to count for him, as he went on vacation instead of staying with her through the abortion, as he promised that he would. That discounting of her experience was reinforced for her when he phoned on his return:

> The first thing that he said to me was that he had troubles coming back with his car....then he asked me how it was and I said that it hurt like hell, it was painful....virtually, I did it alone. (p. 85, 1st conversation)

Over her lover's objections, Maggie obtained the blessing that she felt she needed for her baby's soul. This was the beginning, for her, of counting herself in again: this was what she felt her baby needed. She wrote her lover a letter and told him exactly what she thought of his betrayals, to hand back the discounting of her experience which she felt he had shown her. She feels now that his actions spoke not of her worth, but of his inability to handle genuine intimacy, and his reluctance to include others in his life in a deeply meaningful way. She has drawn a new line for relationship in her life that will not be violated: herself. "I know who I am and what I am, and I'm quite content with that" (p.200, 1st conversation). Others will now have to be content with it as well.

Maggie sees now that her feeling of lacking a rightful place for herself in the relationship with her lover was always there, always a problem, but one that she kept hoping would go away. When she changed from "fitting in" to demanding a more intimate and reciprocal relationship, she felt him start to withdraw. Pregnant, she hoped

that he wouldn't act as she feared - promise her emotional support and then bail out on her. But, "Everything I said he was going to do, he did....What I've learned about myself is that my gut feelings are usually right. And go with them....The voice was always there" (pp.64; 183-185, 1st conversation). Maggie says that the reason she wanted a child with her lover was a good one: "We wanted the responsibility of a child" (p.194, 1st conversation). She would keep those reasons, should she ever want a child with a man. What has perhaps changed, for Maggie, is the man with whom she would plan a child:

> What has come out of it is that in a future relationship, we will talk about what has gone on in my life, and either you accept me now or you don't.
> (pp. 186-187, 1st conversation)

In almost losing herself, and in losing the possibility of a child she had once hoped for, Maggie has determined that no relationship with a man will take precedence over being herself, having her own voice within the relationship. She feels that no man will ever again tell her what her place as a woman is for him; there will either be a place for her that is genuine, or there will be no place at all.

A Woman's Voice, A "Woman's Place"

In the talk of all four women, the experience of unexpected pregnancy brought to the fore a notion which each had grappled with in their relationship with a man: their sense of what a "woman's place" was, for their partner. For Mary, "I have to do a lot of changing before I can be a good wife" (p.45, 1st conversation). Her husband disapproved of her education, her work, and virtually all of her friends. A good wife and mother belonged at home. Katherine's desire to exclude her boyfriend from her thinking

with this pregnancy stemmed from her feeling that in past pregnancies, "he didn't give me any breathing room" (p.3, 1st conversation). For her, this was indicative of her place in his life overall: ""It's like if our feelings jive, mine get considered; if they don't, they don't" (p.40, 1st conversation).

Maggie, recalling the constant feeling that they were "on their first date" (p.51, 1st conversation), felt in retrospect that smooth functioning of life with her lover meant fitting into his schedule and his friends, even though they had both come to the relationship with busy careers, many friendships, and several interests. She realized that in their time together, her former life slowly slipped away in many respects. She felt that their life together was filled up not so much by joint interests, as with a continuation of what he had always done.

Vanessa, too, spoke repeatedly of the expectations of others. Her husband, family, and friends all told her repeatedly that a good woman, a normal one, would naturally embrace pregnancy and motherhood with open arms. Of course, a "really" good woman would also never have sex before marriage - but if she did and became pregnant, she would "live up to" her responsibilities (p.66, 1st conversation). A normal woman would never dream of aborting her fetus, or giving her baby up for adoption. To listen to the advice on a talk show about post-partum depression made more sense to Vanessa's husband than to listen to her disturbing doubts and fears.

For all four women, to insist on being heard was to step "out of place," to reject the role assigned to them by the man in their life. To voice their experience and feel heard, they had to go to a priest, a counsellor, friends, children. None found a place for their

voices in their relationship with a partner. To some extent, each woman said that she found a place for her voice in this research, and for some it was the first place. Is a woman who "stays in her place" a woman who is not heard? Where, in these women's relationships with men, was a place for their voices - where was a place for them?

"Women's Place": A Place of Nurturance?

What can we see of nurturance for these women, in their experience of relationships in unexpected pregnancy? For all the women, the acceptance they sought with a partner differed importantly from what they had experienced. Yet, Katherine and Mary both speak of growing through this time, and realizing a strength of which they had not thought themselves capable. That strength came from themselves, and seemed nurtured from the place of self. As they gave voice to their experience, they valued it. They discarded the place their partners had assigned them, pursuing relationships where regard for their experience was offered: for Mary, with herself and her daughters; for Katherine, with family and, most importantly, with herself.

In contrast, Maggie does not speak of nurturance during her pregnancy. A time of threat to her very self, she felt emotionally abandoned in a relationship which seemed more entangled than intimate. She described her experience of their tie at its end as one of "strong physical attachment and deep emotional absence" (p.1, 2nd conversation). Even as they were breaking up, her lover still wanted to have sex. This just reinforced to Maggie that he was not capable of being there for her in any way that counted for her, and she refused. Nurturance for other was not a possibility; for Maggie; survival of her self took precedence. That self now starts to grow again, as she speaks of reclaiming

"what is mine" (p.1, 2nd conversation). Now, like Mary and Katherine, she speaks of distancing herself from relationships which do not take her as she is. Like them, she seeks others that will nurture her now, and like them, that search starts from a new relation with self.

Vanessa, nurturing her newborn son even as she seeks nurturance, perhaps most clearly presents the tension of relationships, for woman-as-self and woman-as-mother. Her realization of her son's needs leaves her helpless to ignore him, even at the cost of self:

> I do love him....how could you not love him? Because he is so helpless and he is so dependent on me....It's 24 hours a day for me....I have to be there at this stage of the game....And men don't feel that. Like Jim will say 'No I don't want to change him'. But yet if he was to say to me, you want to change him [sic], I would say yes, because he needs a change. So you have to want to ....My husband isn't in touch with it the way I am. Because I want his needs met. (pp. 64, 85, 1st conversation)

A child cannot be turned from for Vanessa. Even as her husband asks her how she can think of giving him up, she sees that it is she who cannot leave him wet, leave him hungry, leave him not held. The week before our initial talk, she had packed a bag and almost left her husband. He asked if she was going to take their son with her. She knew that she would, because repeated efforts to get him to take a bottle have failed, and he remains on the breast. "Don't hurt him," he told her; that wounded her deeply, and angered her: "that he would say that to me....his big thing is 'don't you love him?' And I do love him, but that doesn't mean that I have to want him" (p.63, 1st conversation). Loving him is seeing his needs, and responding to them as totally as she can, even at the

expense of self. In contrast, wanting him is accepting the room that he needs in her life, and finding from that acceptance sufficient room for both of them.

> Wanting is having a place in your life for him. Being able to accept the joy that he gives you and want to give him joy too. (p. 64, 1st conversation)

Now, as Vanessa's husband asks her more and more about her experience of responsibility for this child, she finds that she suspends making a choice for her son. As he turns towards her and their child, she does not yet see the right place for her child. She does know, however, that she is finding a place for her feelings. Her husband is listening to her for a first time. She finds herself listening to her child anew; perhaps, in this new sharing, her son is more truly *their* child, and their shared responsibility. She asks her husband to struggle as hard as she does, and to join her in finding the right place for their child. To search for the right place for one's child is to speak in the third voice: the voice of woman-as-mother.

The Third Voice: Woman As Mother

Returning to the verbal meaning of place, where to place "always implies care and precision in bringing something to a desired position" (Morris, 1978, p1001), we can ask, what is it like to look for a place for a child? Every woman in this research sought to find the right place for a real child, or for an imagined child-to-be. Three of the women also spoke of other experiences of pregnancy where this was not the case. Katherine talked of her previous pregnancies, where any ideas she might begin to form about possibilities other than abortion were swiftly terminated by her boyfriend. He had a way of out-arguing her, of saying things which "make me feel like dirt" (p.42, 1st

conversation). Maggie, talking of a previous abortion from a different relationship, never questioned the status of that first pregnancy, before or since the abortion: "The pregnancy was a fact but it was not real and I think there is a big difference between fact and reality. It was a state of my body and I knew that, but there was no sense of baby there" (p.29, 1st conversation). And Mary, after the devastating loss of her twins, never allowed herself to imagine taking home a baby again:

> I didn't think about having a baby. I didn't think about taking a baby home, holding a baby or nursing a baby....I just wasn't willing to be that hurt again. (p.19, 1st conversation)

Where a child-to-be was imaginable, though, pain in unexpected pregnancy for these women was unavoidable. To enter into relation with a possible child, a place had to be found. To seek that place for a child-to-be was to become bound up in the commitment which that child represented to each woman. That commitment inserted great risk of hurt into their lives, and regardless of the eventual choice in pregnancy for each of Mary, Maggie, Katherine, and Vanessa, pain was part of seeking a place for a child. Vanessa saw her pain as part of her responsibility for her son:

> You can take responsibility for your actions by you know, giving him up for adoption and running the risk of being an emotional wreck for a little while, you know?....but I don't know what I can live with. (pp. 77,100, 1st conversation)

To search for the right place for one's child, real or imagined, was to search with the voice of a mother. It was to leave behind forever, for each woman, herself as she had been, woman as she had understood herself. It was to know the pain of mothering, and to keep seeking until a place, carefully chosen, was found for one's child.

Searching For A Place For A Child

Each woman's search for a place for her child began in its own time, the time when relation to a real or imagined child became strong and tangible for her. For Mary and Katherine, that relation began and grew in the early days of pregnancy. As each of them searched for the right place for her pregnancy, a search for self seemed to accompany and assist her choice about her pregnancy. For Maggie, a relation superseded by her break with her lover became very real and important to her after her abortion, when she learned the sex of her aborted fetus. For Vanessa, who fought to retain any sense of herself during pregnancy, that time came with taking her son home, where the realities of caring for him set in. In the hospital, she still felt some hope that she could be "the perfect mom" (p. 82, 1st conversation); the walls of the institution somehow made her feel very safe with her son, and able to be "just you and the baby, right there" (p. 82, 1st conversation). Then she went home, and the fact of twenty-four hour motherhood, with minimal help from her husband, set in: "You have no choice but to take care of the baby" (p.82, 1st conversation).

As she searched her feelings about relinquishing her son, Vanessa returned to her own experience of being adopted. Adopted at age 3 months into a family with three children, she recalled how much it bothered her to grow up around people whom she felt were so different from herself. Feeling very sure that her parents loved and wanted her, she still speaks of a belonging which she has never felt within her family:

> I knew that I didn't know where I belonged and I hated it, I hated not looking like anybody....like you look at my family, and you can see that they are all from the same place you know, they just belong. And me, I'm really different, I have a temper and everybody else is really passive....I'm talking about who you are inside....And I knew that I was welcomed and wanted, but I didn't fit. (pp.48-49, 50, 54, 1st conversation)

After she became pregnant, Vanessa felt a need to find out more about her birth mother. She talked animatedly about her discovery of her mother's career as a dietician, when she looked at the adoption papers:

> Ever since I was a little girl I have wanted to be a dietician, you know, that was my dream....That was really, it gave me a sense of belonging....it made me feel like there was a place for me but I wasn't in it. (pp.51-52, 1st conversation)

As she searches for understanding from her husband and family about the idea of placing her son up for adoption, she feels that her birth mother would have a better sense of what she is undergoing than her adoptive parents have demonstrated. Believing that her birth mother gave her up out of love and not being able to provide for her, she seeks corresponding recognition from her present family of her motives, but "I don't even think that they could even venture into how my mind is going" (p.132, 1st conversation). Noting that her adoptive mother and two brothers all married with pregnancies already underway, she feels a futility in trying to act at variance with their deeply held religious beliefs. She doesn't want to cause anyone any pain, so she assumes the pain must all be hers alone:

> So you just, you don't want to fight them because you're fighting their values and all that kind of thing, and that's how I have been raised, so it's right, you know? (p.132, 1st conversation)

Yet, Vanessa does not know that "it's right." She does not know that she shares her family's values, and she does not yet know what is right for her and her son. Her

greatest hope in keeping him is that "he knows that we love him" (p.118, 1st conversation); her greatest fear is that he would "know that he wasn't a wanted baby....I think children know" (pp.119-120, 1st conversation). Yet those fears and others are not entirely assuaged by the promise of adoption, either. There, she worries that he might be abused or neglected, or that he too might never feel the belonging which she speaks of. And she is "scared of losing my husband, losing my family, and you know, also losing someone who might even look like me, because I have never had that before" (p. 137, 1st conversation).

Still, if she could assure herself that he was going to a good family, perhaps even stay in touch with them, Vanessa speculates that being loved and wanted "would surpass actual fitting in as far as my dreams and desires. And who you are. It would probably surpass that" (p.56, 1st conversation). For Vanessa, the search for the right place for her child continues. She cannot convince herself of the absolute fit of either keeping or placing her son. A lone voice in a community of relationships that reject her words, she continues to care for her son. She cannot leave him, because he will not take the bottle, and needs her breastmilk. She thinks of leaving her husband, and when she packs her bags, he exhorts her not to hurt her son, and suggests to her that maybe she is suffering from post-partum depression. He wonders if she is ill; she wonders if anyone else will ever understand what it means to love this child. She wonders, if no one hears her voice, if she can nurture this child as she knows he needs to be nurtured: Where will her nourishment to nourish him come from?

Vanessa knows that she is not suffering from illness. She is suffering from love for her child, and from her full understanding of the weight of that love, the deep need of such love. She will not suffer those needs to go wanting. At the cost of her relationships, she considers what is truthful about his welfare, and how it is best served. She cannot trust the advice of others, others who do not seem to trust her to know herself better than they do, others who are not asking her about her experience. She keeps seeking out what she can find in herself, what she is able to trust in herself. She will not rest until she finds a place for her child, a place that she can trust is the right one for him, and for her as his mother.

Place For A Child: A Place Of Trust

Baier asserts that "to understand the moral risks of trust, it is important to see the special sort of vulnerability it introduces" (1986, p.239). Pointing out that to *trust* entails the handing over of that which we care about to someone or something else, Baier entreats us to question: do we really know what it is that we ask of another, when we ask them to trust us? And what do we ask of ourselves, in entrusting what matters in our world, to another?

Citing the innate trust of a parent as a relationship of extreme vulnerability and risk for the infant, Baier suggests that it may be women's understanding of the intensity of commitment to a helpless other which differs their experience of caring for children from most men. This different experience begins in pregnancy, where even if unwanted, the developing other draws nurturance from the woman's body, and grows. This nurturance

continues after birth, as most women maintain the major responsibility for the feeding and care of the infant.

This innate trust, "a necessary element in any surviving creature whose first nourishment...comes from another" (Baier, 1986, p.242), may not just accompany but virtually define the relationship which begins when a woman accepts the unique relation of self-other in early pregnancy. What other situation demands greater trust, both of oneself, and on behalf of a becoming other, than entering and giving oneself over to pregnancy? How do women find and nurture that sense of trust within to an experience that leaves them uniquely exposed and vulnerable, as no other can, to the profound commitment of loving a unique other, an other within and of themselves?

For Mary, love and acceptance for a possible child had to be forthcoming from the important people in her life, if she was even going to consider continuing the pregnancy. At age 37, with two teenage daughters and an ambivalent husband, Mary declared that this pregnancy could not take precedence over relationships which were "already established. They're concrete and I mean, what do you throw away?" (p.44, 1st conversation). But, acceptance did not equate with the notion of ownership which her husband expressed when he talked about finally having "his own child" (p.13, 1st conversation). For Mary, who had lost important people in her life, "Life is not a gift. It's not something somebody owes you for." (p.33, 1st conversation). Nor was creating life a just reason to say that one owns another.

Rothman (1989) contends that the idea of *owning* children is more aligned with "the traditional *rights* of fathers in patriarchy than it is to the ongoing *responsibilities* of

raising a child" (p.81). Ownership seemed to divide the women in this research from their partners, in finding a place for a possible child. Maggie noted her lover's remark that he would never allow any new husband of his ex-wife to adopt their 3 year old son, a son he had seen only once since his birth, despite legal access. He sent child support, but he also had private detectives check up on his ex-wife from time to time, to ensure that she was not getting money from any other source. The purpose of surveillance, he told Maggie, was that if he discovered his ex-wife had other sources of support, he could legally break their support agreement.

Maggie never once heard him express concern for his child's well being; for him, she felt, the issue at stake seemed to be "his ownership of the child" (p. 49, 1st conversation). There was also no discrepancy, for him, in expecting acceptance as a mate while having fathered this child, yet not accepting any woman with a child as a suitable partner. As with Mary's mate, the salient feature of a child was not what one owes any child, what they deserve. It was, rather, whether they were "one's own."

Maggie's understanding of the place for women and children in her lover's world did not seem to offer any place of trust for her pregnancy, only ownership. What you owned, you did not have to "trust" - it *belonged* to you. What you no longer owned, you "kept an eye on." In the vulnerability of her pregnancy, Maggie searched for a place of trust within this context of ownership which seemed to pervade her lover's relationships; she saw none.

Ownership, for Katherine's boyfriend, seemed to extend to Katherine herself: he would tell her to have abortions, and she would do as he ordered. But the scars of

owning his decisions within her body built with each experience, scars of taking pain that didn't seem to really belong to her, pain she did not deserve and seemed helpless to avoid. She talked of her fear of her drunk and abusive father when, as a child, she heard him come home late at night:

> I would lay there and wait for him to come in and start something. Because he would do that every time. Come in, and if I had my nails painted, that was a big thing, and I remember getting my ears pierced and I woke up one night and he was pulling on my ears, trying to rip my earrings out....it seems like my mom, she would never do anything about it. (p. 15, 1st conversation)

Katherine thought in hindsight that perhaps her mother didn't see much choice, as "it was either he hit us or she got beat bad" (p. 15, 1st conversation). Eventually, her mother did summon the strength to leave him, after she found herself with a knife at his throat one night as he lay in a drunken stupor. She kicked him out, and they haven't seen him since. By age 17, Katherine was involved with her present boyfriend, a man she described as always in the past able to "control me, push all my buttons" (p.30, 2nd conversation). Katherine had never felt that choices in her other pregnancies were hers to make; he always clearly stated his expectation that she abort, and she never saw that she had an option. She didn't think that it mattered what she thought.

Katherine's sense that her own words were inconsequential was reinforced when she sought advice about birth control. She tried to explain to the physician that the pill did not seem to work for her, but that she was sure she could learn how to use another method. She wanted to know more about diaphragms and intrauterine devices. The physician listened briefly, and then told her that the pill was the only thing for her, if she didn't want to get pregnant. She didn't want to get pregnant, but she explained that she

just was not good at remembering to take the pill every day. The physician repeated that the only method suited for her was the pill. Katherine concluded that it didn't matter what she thought. She forgot her pill, got pregnant again, and had another abortion. The scars grew, and deepened.

The scarring came from many painful memories of those experiences. She recalled the nurses who cuddled and played with a baby while staring at her, as she cried alone outside the operating room for her first abortion at age 16. They just kept looking at her as she cried, and none of them came over to her. Her boyfriend broke up with her right after intimidating her into her last abortion; "it's like I get out of the hospital, he couldn't even wait for me to go home" (p.39, 1st conversation). That same abortion, she was kept awake. The humiliation of laying there "with my legs up" around the crowd of people in the operating room kept the worst pain at bay until afterwards, when she got an infection. That pain, she has never forgotten: "It just felt like someone had their hand up there and was grabbing my insides and pulling it out" (p32, 1st conversation).

Scarring was what prompted Katherine's call to a local clinic, to inquire about the possible damage which a fourth abortion might cause. "I get scared because I thought, it hurts, it's going to leave marks, like that can't be healthy for you" (p. 44, 1st conversation). She was hoping that someone would tell her she couldn't have another abortion; she wanted someone to say, you can't do this to yourself anymore. But she already knew that herself; she didn't make an appointment. Instead, the nurse read Katherine the information sheet on unexpected pregnancy research, and she phoned the researcher.

Katherine talked of how her pain had changed her, and her beliefs about others in her life. For her, the main source of nurturance for her possible child was herself, a self both scarred and changed by the previous pregnancies and abortions. She no longer expected her boyfriend to be there in any important way, as she faced a choice as important to her as this pregnancy: "I feel like every time I've reached out for support when I really needed it, he's turned me down" (p. 41, 1st conversation). She knew that on the other hand, her mother and her sister would be there for her in an instant, should she decide to continue her pregnancy. In fact, she knew that for her mother, anything but staying pregnant would hurt her deeply. But, for Katherine, the person she must not hurt this time, whatever she decided, was herself:

> I remember being pregnant and crying because I was going to have an abortion. I never even gave myself a chance to even think about having it. But now I am and it feels better....I have a lot more self esteem now. Now I think that now, to me, it does matter what I think. (pp. 64, 68, 1st conversation)

Even before this pregnancy, Katherine was reviewing her life, deciding what she wanted to change. She felt she was outgrowing her friends, and she knew that she was happy to come home at the end of every weekend she spent with her boyfriend. She was working on her "bad habits" (p. 46, 2nd conversation) when this pregnancy began. With previous pregnancies, "I always knew that I was going to have an abortion, so I didn't really change my eating habits or stop going out or anything like that" (p. 5, 2nd conversation). This time, even as she was thinking about what she would do, Katherine started taking care of her health. Already drinking less than she used to, she quit drinking altogether. She became "more aware of my health...and it was good. I felt

better" (p.5, 2nd conversation). She stayed away from her boyfriend, and talked of trusting herself this time, not him:

> My life is more together now than it was before. And I'm sure it's going to get better. It just, it will take time....I still don't feel like I am completely ready, but do you ever? (pp. 5, 20, 1st conversation)

As Katherine nurtured herself, her trust in herself as a place of nurturance for a child grew. She looked at mothers and children, looked at baby things, and imagined a child. She looked within herself, and saw a place for a child to grow: a place of nourishment, a place she could entrust a child to. Trusting herself, she chose to have a child. Trusting herself, she entrusted this child-to-be to her care.

> Before, it was, I just couldn't even picture it, but this time I could and it felt like, I was just looking at myself and I thought, I could just picture myself being a mother. Before I couldn't, before when I looked at myself being a mother it looked awkward, it didn't look right. But this time it did. (pp. 34-35, 2nd conversation)

"Women expect to be different as mothers" (Bergum, 1989c, p.36). What is it that women realize will be asked of them, know that they must be ready for? When asked what this difference was for her, Katherine said that it was strength: "Cause being pregnant, was sort of like, you have to be strong because it is not just for yourself" (p. 11, 2nd conversation). The strength is one which can withstand a loss of control, of life as known, of self as understood (Bergum, 1989c). It begins with the bodily changes of pregnancy which tell a woman she is not as she was, and grows with the developing fetus as a unique relation-with-other which a woman who accepts pregnancy experiences.

For Mary, pregnancy was cause for a celebration of that strength. She saw it as a sign that she was living, not dying. It was an uncontrollable event that offered her new

possibilities as a mother-to-be; strong enough to put her fears of miscarriage behind her, she looked forward to enjoying her pregnancy in a way she had not dared with either of her daughters: She felt able, in pregnancy now, to again experience the presence of her fetus as she had with her first pregnancy, the twins. The experience of pregnancy was once again an experience to which she could entrust herself.

Trust within pregnancy, trust of oneself-as-pregnant and of this relationship with an other within, is hidden and difficult to articulate. As Bergum points out, it is not easy for our conscious, rational minds to accommodate the "embodied experience of knowing the fetus to be part of oneself and yet not oneself" (1990a, p.17). Yet experiencing the presence of the fetus within, being able to entertain this singularly different relation with "self-other" may be very much bound up in whether that trust is present for each woman. How does a woman experience the mother-fetus relationship, in the absence of trust? Vanessa, not trusting others who told her what she did not feel, claims that she never "bonded" with her son before birth. Maggie, seeing nowhere to entrust the risks of pregnancy and motherhood, aborted.

This need for trust in pregnancy, which may be so hard to bring into language, may also be some of what we must acknowledge a woman's need for, some of what a woman is bound up in, as she chooses in unexpected pregnancy. Higgins (1991), a physician who is examining trust as it applies to health care, notes:

> Trust is both expectation and commitment, necessitated by risk and uncertainty; it is oriented to the future, predictive of possible behaviours, and bears with it a vulnerability, a yielding of control to another. (p.15)

While Higgins addresses his remarks to caregivers, we can use these observations about trust to ask ourselves what it is that women sense is involved in choosing for an unexpected pregnancy. Particularly, in the vulnerability and loss of control which both these women and those in Bergum's study speak about, what is the nature of the risk, what is "at stake"? (Bergum, 1989c, p.6). Katherine said that with each abortion, "it was still so hard because I felt like I loved it and everything" (p.22, 2nd conversation). Continuing those pregnancies entailed the risk of giving birth to a love she could never turn from, but did not feel yet able to give. She would not let such a risk be taken, for any child of hers. She would not let there be a child, until she could trust herself enough to have a place of love for a child. There could not be a place for a child, until she could trust that there was a place for herself-as-mother.

Adoption: A Need To Re-Vision Trust?

Where a place for self-as-mother could not be seen, adoption was not even a consideration, for Mary, Maggie, or Katherine. For all of them, giving away their child would be to give away themselves; each said, how do you give away yourself? For Katherine, to give her child up would be to ask herself to give away "everything!" (p.22, 2nd conversation). She spoke of a friend firmly steered by her mother towards giving away her baby at 16: "Up to this day she gets sort of depressed on its birthday. She thinks about it all the time and this is like eight years ago" (p.22, 2nd conversation). That same friend got pregnant again a year after giving up her child, and had an abortion. To Katherine, her friend's experiences support her convictions about adoption

as loss of self: "obviously adoption wasn't something she wanted to go through again" (p.25, 2nd conversation).

To give over one's child, in adoption, was for each of these women to give over oneself. Katherine further noted that for her friend, there seemed to be no follow-up: after she delivered at a home for teenage mothers in the city, her mother took her back to their town and it was "life as usual" (p.23, 2nd conversation). For Katherine as well as Maggie and Mary, adoption was a story of loss, pain, and intolerable separation of self from self. Nothing that they knew, either of themselves or adoption, allowed them to entrust a child-to-be to this possibility.

In a recent reviews of research on the traditional practice of closed adoption in Western society, the lack of acknowledgement for the nature of birth mothers' grief is strongly supported (Brodzinsky, 1990; Winkler, Brown, van Keppel, & Blanchard, 1988). These authors claim that "a conspiracy of silence" perpetuates myths about the adoption experience not only for birth parents, but for adopted children and adopting parents as well. Small (1987) asserts that the similar thread to these myths, for each group, is the fantasy that their experience of giving up a child, being given up as a child, or taking on a given-up child, is not one that is "structured out of loss" (p.35).

These losses, not openly discussed in the past, usually entail the realization of infertility for adoptive parents, the realization of a loss of genetic roots for the child, and the living with an absent child, for the relinquishing birth parents. Notably, it is not adoption itself which these practitioners and researchers question, so much as adoption as traditionally practised: closed, secret, and disconnected, for all concerned, from its

beginnings within a birth mother and biological father (Schechter & Bertocci, 1990; Winkler et al, 1988). These authors assert that it is the repression of this needed understanding of beginnings which wreaks the damage of adoption as it has been practised, rather than the fact of adoption itself.

Noting the proliferation of adoption search services for both adoptees and birth parents, Winkler et al strongly call for more open and connected practices of giving up and taking on children, practices which recognize that adoption is not "'good different' or 'bad different', just different" (1988, p.119). Such practices are evident in a recent story related by a friend whose daughter has given her baby over to a family for adoption. They have all met one another, there is contact, and her daughter will remain in the child's life, as his birth mother. It is three months since she gave birth, and she says that she can still live with her decision. She knows where her child is. She does not have to entrust him to the unknown. Perhaps as importantly for later on, both she and her child will know who each other is.

There are fears, risks, and possible pain with this choice, as with all choices. Perhaps the difference, in the views of Winkler et al (1988) and others who support more open adoption (Baran & Pannor, 1990; Rothman, 1989), is that openness means that the risks are acknowledged, and that the costs are more truly and equitably shared. Open adoption, like closed, asks for trust. However, the present overwhelming tendency to keep their babies seems to suggest that for most birth mothers, closed adoption practices asks for untenable trust. Unlike the unbalanced trust inherent to closed practices of relinquishment, though, open situations demand great trust from everyone involved.

Arguing that in closed adoptions, it is the motherhood of the birth mother which most threatens the motherhood of adoptive mothers, Rothman urges us to re-evaluate how we envision the relationships of adoption: "We need a way of recognizing the significance of both these women's relationships to the child and, more important, the significance of the child to both of these women" (1989, p.127). Perhaps a society that cannot trust women to do what is best for their children is also one which cannot ask women to trust giving their children away, completely, with no way of knowing whether they are safe, no way of being known as mothers, no viable way of mothering. As Winkler et al (1988) and Rothman (1989) both agree, both birth and adoptive mothers *are* mothers. They are all different mothers, as we are all different from one another.

Perhaps open adoption is not the way for every woman who considers giving up her child. Vanessa, herself a child of the traditional system of closed adoption, knows that she hated not knowing "where I fit" (p.52, 1st conversation), yet does not know quite how she would give her son up in a more open way, either: "I just don't know what I can live with" (p.100, 1st conversation). Yet with closed adoption, she worries about abuse or neglect that she could not know of, or prevent. Perhaps Baier clarifies what is at stake for women who consider the possibility of giving up a child, when she talks about the "crucial variable in trust relations...the relative power of the truster and the trusted, and the relative costs to each of a breakdown to their trust relationship" (1986, p.240).

Both Baier (1986) and Higgins (1991) claim that it is this inequality of power which characterizes relationships that demand, rather than naturally nurture, trust. What do we

ask of women, then, when we ask them first to trust the experience of unexpected pregnancy, and then to *entrust* their child, to unknown and unknowable others? In her discussion of the need to recognize that we all come from a "network of trust", Baier points out that "any person's attitude to another in a given trust relationship is constrained by all the other trust and distrust relationships in which she is involved" (1986, p.258). In a web of relationships not allowed to be acknowledged, as with closed adoption, how do trusting relationships that nurture a birth mother, a given child, or adopting parents, take root and grow? The cost to some birth mothers, in a completely closed system, may not be fathomable; it seems that it might be the very cost of self.

Destructive encounters between birth parents and relinquished children (Christy, 1991) and healing reunions (Marcus, 1981; Winkler et al, 1988) are both found in narratives of closed adoption. These stories tell us that questions about adoption, as with any other kind of parenting, cannot be reduced to a presumption of the inherent value of one kind of childhood over another, one kind of parent over another. Rothman (1989) urges us to consider that for adopted children, knowledge of all their ties cannot replace the importance of parental love of any kind: "it is the intimacy, the relationship that makes a parent, and not the genetics" (p.127). This relationship, founded in ties that bind a parent to a child, is built over a lifetime. It begins during the time of pregnancy for many women and some men, but who can say that relationship does not also begin for other men and women as they wait to conceive, or as they wait to adopt a long-awaited child.

These ties of relationship are ones which are bound up in the experiences of trust, nurturance, hurt, and joy which children and parents share with each other: with their experience of loving and being loved. Love itself, not guaranteed by genetics or social contracts, carries the inevitable promise of vulnerability and pain. There are "Tough Love" parents who anguish over turning from children they have shepherded through pregnancy and birth, as they reach the end of what they feel their parental ties with their children can accomplish. Many other parents go through fire for the love of their children, adopted and birthed, because of the ties that bind them to each other. Open adoption practices do not need to discount the nature of love in parental relationships, in recognizing and respecting the other relationship of nurturing a child through pregnancy and birth.

As with pregnancy itself, then, adoption entails the taking up of a powerful trust, a trust of the unknown, and a trust on behalf of another. Both call for women to entrust what begins as a part of themselves, a unique self-other, to a not yet knowable future. Mothers and fathers speak, all the time, of how terrifying the life-long commitment to a child is, whenever the realization hits home, again and again, that we cannot protect our children from all harm, cannot trust our love for them to make them safe. These mothers and fathers are daily in the lives of their children, able to insert their love for their children into the possibilities of harm, and try to keep their fears stilled, keep their children safe. What, in closed adoption, stills the terror for birth mothers? How do they find a way to insert their love for their children into the possibilities, find a way to still their fears?

Perhaps adoption, to present a viable alternative for more women who wish to consider it, calls for a re-visioning of the trust that is asked. In that re-thinking, we might begin to see how that trust could be generated and shared by all the members of an adopting family: the birth mother, the father who acknowledges birth, the adopting parents, and the child whom they all wish to love. Such re-visioning would also entail acknowledgement that where unexpected pregnancy becomes a relationship for a woman, it also becomes a powerful trust (Bergum, 1990a). In recognizing the nature of the trust which women in unexpected pregnancy become bound up in, we may understand the right place for each woman, and for any child that is meant to be born.

This interpretation of the experience of unexpected pregnancy thus becomes one where it is suggested that pregnancy, as a growing relationship of woman-fetus, asks for and must create a powerful site of trust, if a mother and a child are to be born. In mistrust of her experience, Maggie could not see her way to such births, and could not entrust herself to the commitment of pregnancy. And in considering the possibility of giving her son to another, who can tell Vanessa whom she should trust? Only she can know what she is able to trust; as she asks to be listened to, she asks: Who can I trust to love my child?

As she wonders what to do with her son, Vanessa mothers him in the way that she can, the best that she can. The milk in her breasts, and her son's body curved into hers as he suckles them, ground her understanding of his trust in her nurturance in a continuous rhythm of feeding and holding, day and night, day in and day out. Her acute apprehension of her son's needs and his inborn trust of her to meet them, makes it

impossible to leave him at this point. Rather, Vanessa imagines the disappearance of herself, as no one around her acknowledges what her child's trust asks of her. Seeing his need and trust as no one else will, she feels that "right now it seems like either it has to be all for him or that there is not enough for him" (p.143, 1st conversation). She cannot see, however hard she tries, room for both herself-as-woman, and herself-as-mother. She cannot see her way to a place for woman-as-mother.

A Place For Woman As Mother

In these experiences of unexpected pregnancy, each woman tried to see her way to motherhood, to question if she could be a "good mother". *To see one's way clear to something* is "to be willing or find it possible to do " (Morris, 1978, p. 1450). Too, *way* also can be defined as "a course affording passage from one place to another....(or the) room or space to proceed with any action" (Morris, 1978, p. 1450). We seek, in looking for a way, safe passage from what we know and are, to what we do not yet know and might, or might not be. If we find a way, we gain an understanding of ourselves, as we already have become (Bergum, 1989c). Whatever way we find, we are never as we once were. Even in trying to find a way, something in us is changed. We have a new way of being, and "things are not the same way".

How does a woman find safe passage to the place of motherhood? To mother a child is to know pain, and the pain can never be safe. Bergum refers to the "terror that is not in talk" (1989c, p.84), the helpless fear we are faced with in loving a child. We are laid open in our deepest way, when we know the experience of loving a child who is

threatened by pain, illness, or injury. We are responsible, and yet we can never fully assure safe passage for our child. To love and parent a child is not safe.

Mary and Katherine's experiences of unexpected pregnancy were ones where the place of nurturance for the child was a place of nurturance for the mother, and that place was the place of pregnancy itself. Their way to motherhood seemed to be a passage through self, and a passage-with-other, through a beginning relation with self-other, mother-fetus. In a state of mutual nurturance, woman-as-self and fetus as becoming-self began to nourish each other into a mother-to-be and a child-to-be. But what of unexpected pregnancies where nurturance for the mother is not present? What then of nurturance, for a child? How safe is love, where there is no nurturance?

We need to question what the unique unchosen nature of the mutual trust Baier hopes for between mother and infant (1986) asks us all to recognize, for the infant, for the mother, for us all? In unexpected pregnancy, how does a possible mother assure herself of that place of mutual trust and nurturance, that place for self-as-mother and child-to-be? While Mary and Katherine each developed a growing assurance through dialogue with self-as-pregnant, Vanessa balanced the dialectic of a body that mothered hourly, through the corporeal relationship of nursing, and a self that felt imprisoned.

Vanessa speaks of her situation as one where she relies on her husband for "help" with her son when he is home - about 4 hours of the baby's wakeful period on most days - but where she must trust herself to respond to his needs, 24 hours a day, everyday. Furthermore, her freedom to rely on her husband for even "help" varies with the nature of what's on T.V., whether he feels like it at that moment, or if he even sees a need:

timely diaper changes, or cuddling his son close, are needs that Vanessa sees, not him. "He needs somebody there all the time, somebody who does his job. And I don't feel like my husband is doing his part" (p. 144, 1st interview). As Kuykendall (1984) points out, "it is a mother's practical experience that presents mothering as a trap for women" (p.272), an experience of silent, unrecognized, and unsupported nurturance.

What are the corresponding moral risks and intents, for a father who *helps* more willingly sometimes than others, and a mother who *commits to respond* in unfailing steadiness? Who can, and must, the infant trust? And who must be able to trust that they can be trusted? In the ideal case, Baier suggests, the automatic trust incurred with the responsibility for a child may be "unchosen but mutual" (1986, p.245). Both parent and infant, as they respond to each other and find each other's actions gratifying, learn that their shared faith in being cared for and in being able to care for is well placed. Parent and child are in desired relation to one another, and with the care and precision required in the learning of each other, find a position, a place with each other that engenders further trust. But who stands in desired relation to Vanessa, nurturing her position as mother, supporting the possibility of that mutual trust?

In Vanessa's world, that place for her child, and herself-as-mother, is not secured. Others tell her that she is a mother, but do not ask her how that is for her. She waits for someone to listen to her experience of this overwhelming commitment, to show her by their listening that there is a place for both her and her child. A place for both Vanessa and her son must be one that both can trust, and be nurtured from. It must be a place where the nourishment for trust, the "network of trust relationships" Baier speaks of

(1986, p. 258), can be trusted to be. Perhaps, as her husband now asks her to tell him what she feels, how this really is for her, such a place becomes possible.

Maggie's dialogue with self did not nurture a sense of self-as-mother. She talked of her beliefs about motherhood, about what a good mother would do, a mother different from her own, and more like friends whom she referred to as her "surrogate parents":

> I took things, I thought about things the way they were...could I be a good mother? My parents were there for me physically, but I think to be very intimate with your children, to talk to them about things, to have that relationship such that your children can come to you for anything, no matter what they have done....I just really felt, could I have given it?....I didn't feel that I could do this. (pp. 142-144, 1st conversation)

Maggie knew the difference, for her, between physically showing up for a child, and really *being there* for the child. The former set of actions metes out a recognition of obligation, as perhaps corresponds with ownership and "taking care of" one's own; of helping as required. In contrast, being there connotes a wider notion of commitment to a child: the covenant to respond, to *be with*, to make always, ever after, a place for a child in one's life. Such a place is not incidentally or inconveniently a child's for as long as they are dependent, but rather might be seen as a place of "living side-by-side children" (Bergum, 1989c, p.112), a place where children and parents grow together, for as long as they both need. Such a place promises nurturance for a way of being a mother, and a way of being with children. It is a place to which a mother can entrust the being of her child, and trust that care will take place.

Maggie's pregnancy did not seem to her to be such a place. She imagined the life of her child-to-be: "Someone will say, you don't have a father - well how come - and kids can be very cruel" (p. 134, 1st conversation). She thought about her lover's

acrimonious, controlling, and neglectful relationship with his ex-wife and son. She fought off the terror that her lover's abandonment filled her with, an apprehension fed by memories of a violent ex-husband and a lonely childhood with distant parents. She shed pounds off her tiny frame, literally unable to eat, to nourish herself. She found no place for nurturance; she found no place for a mother.

Still, Maggie searched for a place for her child-to-be, after her abortion. She inadvertently found out from a lab technician that she had aborted "a normal baby girl" (p.93, 1st conversation). In her naming, blessing, and entering into the priest's log and the church record, Maggie saw to it that her baby was spoken for. Writing her ex-lover was a demand that he recognize their child's existence. But she refused to tell him which church, and he became angry. Again, for him, ownership was at stake:

> He said he had the right to know and I said, no. He said as the father he has the right to know and then I told him that no he didn't, because he didn't participate in what I did with that pregnancy....he expressed his wishes to fit in with how he felt, how comfortable he was going to be and how it would fit in with his life. That's probably the last time that I had anything to talk to him about. (pp. 105-106, 1st conversation)

To Maggie, her baby girl's "soul has a chance" (p. 126, 1st conversation). Unable to nurture her here and now, she hopes that the rites she obtained for her will nourish her spirit elsewhere. She "had to do that" (p. 127, 1st conversation). She had to entrust the care of her child to God. Now, in this research, she entrusts its care again, to these words. Another place of care for her child is sought: a place that, like the priest, the counsellor, and good friends, will care about her, too, and her experience of this unexpected pregnancy. In her understanding of the pain of this pregnancy for her, she

is as good a mother for her child as she can be. Through her pain and in the way that she can, she mothers her child.

Mothering Pains

> Making the decision to have a child - its momentous. It is to decide forever to have your heart go walking around outside your body. (Stone, 1991).

Bergum suggests that the pain of birth teaches a woman who she is in a new way (1989c). Birth, as pain, offers an all-powerful experience that brings forth a child, finally separating two that were one body. A woman may learn something of herself, through the pain, that helps her find the way to mothering. Just as surely, there were other mothering pains, in unexpected pregnancy, for the women in this study. And, like birth, these other mothering pains left each woman changed.

To imagine a child-to-be, and begin to see a way to becoming a mother, is to lay oneself open for pain. When Katherine began to miscarry, she found herself crying on the X-ray table, after her ultrasound. The pain of this miscarriage was "the exact same pain" as with her previous abortions, "just different circumstances" (p. 73, 2nd conversation). For Katherine, the only difference, for her, was that *this* pain, the pain of miscarriage, was one she was allowed to acknowledge:

> When I had the miscarriage I didn't feel bad about crying. I felt like I had every right to cry. Whereas, when I was having an abortion, I felt like I had to hold it in, that I didn't have any right to cry....but it was the same.
> (pp. 73-74, 2nd conversation)

Looking back, Katherine felt that with each pregnancy, she changed: "with every one, it has made me grow" (p. 67, 2nd conversation). But this time, allowing herself to have the pain, and finding others allowing her to do so, the growth seemed to birth a

new self for Katherine. She did not get to birth her child, but she now knows she could be a mother. She feels there is a way for her to be a mother. At the right time, she feels that she will now know her way.

Already a mother, the pain of Mary's miscarriage delivered her back to herself in a new, stronger way. The pain of this miscarriage was a lot worse, she said; the other times, she had not allowed herself to hope for a child. But, in letting herself hope for what she wanted this time, it seemed that even the pain couldn't take away the gift of the experience: putting herself and her dreams first, for a change. She may or may not try to have another child in the future; there is a new man in her life who is good to her and her daughters. But, she intends to continue to put herself and the people who are in her dreams, her daughters, first in her life.

After their miscarriages, both Mary and Katherine still drew strength from their experiences of pregnancy. Both felt that they were stronger people, and both attributed this strength that they felt to the pregnancy itself. As Katherine said, "Just the pregnancy itself was the most significant thing, the thought of motherhood" (p. 32, 2nd conversation). For Mary, her strength showed itself in a new way when she allowed herself both to hope for this pregnancy, and to cry for its loss. Comparing this time to her other miscarriages, she talked about coming home after her D & C:

> I was sitting in the kitchen all wrapped up, I sat down and I cried and cried and I cried a lot this time. And it didn't bother me that I cried. Because before, I wouldn't cry. (p. 52, 3rd conversation)

While both Mary and Katherine cried from the pain of losing a child-to-be, an Other for whom they had made a place within themselves, the place of nurturance found for

the child carries on. They both talk of motherhood again in the future; the nurturant strength of woman-as-mother remains. For them, nurturance was mutual between mother-to-be and child-to-be, as it is now between woman-as-self, and woman envisioned-as-mother. The place for a child is a place for woman as self, woman in relation, and woman as mother: a place of nurturance.

Maggie, too, grew through her pain. She does not have an overriding need to have a child in the future. She has named this child, grieved for this child; can anyone say that she did not have a child? From this experience, she has learned that her need for genuine intimacy is something she will not apologize for. She will share her life with someone who is willing to risk that intimacy, or she will not share it at all. Safe passage to self will come first with Maggie. From a place of nurturance for herself as a woman, she will seek the nurturance of better relationships with others.

For Vanessa, the pain still in reserve is the possible notion of someone else-as-mother. Since the onset of pregnancy, that pain has competed with the pain of feeling herself discounted, and her voice not heard. For Vanessa, the pains of birth and mothering her newborn son have not guaranteed her safe passage to motherhood. Her exploration of self and self-as-mother continue, and both must be listened to. Nurturance of her son, at the cost of herself, cannot continue indefinitely: being heard in this research must continue with her husband and others.

Tonight, I have returned from a memorial service for the son of a friend. In the eyes of my friend and her husband is pain that is not served up in words; when we embrace it is not just in friendship; we hold together as two mothers. Bergum says that "Mothers

know how mothers are - how mothers need their children" (1989c, p.111). Our bodies know the pain we will not try to speak, and give us a way to hold the world together for a minute. The minutes of holding for my friend and her husband will go on forever: who would say that she is no longer a mother, he not a father? Their son, in death, cannot be with them in the same way as in life - but she mothers him, he fathers him. The pains of mothering and fathering do not stop with death. The pains go on, and the parenting.

How often have we heard someone newly fathering or mothering say "I never knew; is this what my parents went through?" Like any kind of love, parental love is surely in the "eye of the beholder;" does anyone else ever truly know just how we love them? It is not meant to be that our children should ever know just what they are to us as their parents - only we can know, only we can ever carry that pain.

If mothering pains do not cease with losing a child, how do we know when they begin? Do they begin at the birth of every child, and no sooner? Do they begin much sooner for some children-to-be, gradually after birth for some others, and never at all for some others who become born? What are the mothering pains for a woman who gives birth to and gives over a child to someone else, who trusts someone else to love her child, the child she loves enough to "relinquish" (Winkler et al, 1988, p.50)? What are the special pains of waiting to mother a child, as in adoptions or infertility treatment?

The pain of "having a child on one's mind" (Bergum, 1989c, p.101) may not start at the same time for all women, for all mothers. For the long hoped for child of adoptive or infertile parents, or the long absent child who has been relinquished or died, the experience of having a child on one's mind may be very different than for the women

in this research, or Bergum's (1989c). Yet, the stories of all of these women, and that of my friend, seem to speak of having the pains of mothering in one's being: the pains of hoping for an other, of being vulnerable to an other, of seeking the right place for an other, of responding to an other. It is the preparedness to do what must be done, because of the unique nature of that relationship. For each woman, the pains are different, and what must be done is different; years with a loved child do not correspond in meaning to a time of pregnancy with a developing other. Yet, for every woman where a child became, or was imagined, mothering pains began, and a response was called for.

Even after a child is gone, mothers and fathers continue to prepare, unconsciously, to respond to their child. And in the choice being made in each of these unexpected pregnancies, each woman made the preparations to respond to a developing other, at a time when for them, the mothering pains began. For Katherine and Mary, that preparation evolved as they determined that they would continue being pregnant, and found themselves opening to the experience. For Maggie, mothering pains did not begin until after her abortion, when she learned the sex of her child-to-be and obtained the name and blessing that she had to have for her. The pains continue, as she moves toward the anniversary of her abortion, knits socks for her friend's baby, and cannot bring herself to go visit after the birth. For Vanessa, the pains ensue as she mothers, as she responds to and prepares for the needs of her child.

Kristeva (1986) speaks of the pain of loving a child, the pain which "comes from inside, never remains apart, other, it inflames me at once, without a second's respite" (p.167). Although her words speak of her own experience of motherhood, they may shed

an understanding and healing light of acknowledgement on many kinds of mothering pains:

> One does not give birth in pain, one gives birth to pain: the child henceforth represents it and henceforth settles in, it is continuous....a mother is always branded by pain, she yields to it. (p.167)

For each woman in this research, making a choice about her pregnancy was bound up in experiences of loss of control and vulnerability, changing boundaries of self and other, searching for trust and nurturance, and submitting to the pain of finding the right place for their child or child-to-be: a place where each woman could commit to respond to her child or child-to-be; a place from which she could mother. As caregivers, we need to ask, of these women and others, what they can tell us about their pain. We need to seek better understanding of their mothering pains, and of our own role in them.

Voices Of "Care": What Do Women Hear?

In the stories of unexpected pregnancy which the women of this research shared, there were caregivers who gave pain and those who eased it, nurses and physicians who acknowledged the pain of these women's experiences, and those who did not, men and women who took away from a woman's sense of self, and those who nurtured it. If we wish to claim that we are caregivers, ones who care, then perhaps we need to re-examine what an ethical and caring role is for each of us, as we meet women who are unexpectedly pregnant and coming to us for care. We need to ask more about women's pain, and caregiver's nurturance, in women's experience of unexpected pregnancy. In the

voice which we allow women under our care, what do we enable them to say; what do we hear? In the voices of caregivers, what do women with unexpected pregnancy hear?

Understanding Women's Pain

In an analysis of ancient and contemporary cultural treatments of women, Spelman (1982) joins Bergum (1989c) and Rich (1976) in noting the failure of Cartesian mind/body dualism to account for the fact that "pain itself is not usefully catalogued as something just our minds or our bodies experience" (p.126). To recognize the "integrity" of women's experience of pain, Spelman suggests, is to understand the embodied nature of that pain, and its connections to women's sexuality (1982, pp.126-128). Katherine's experiences of caregivers, over several unexpected pregnancies, are a narrative of a woman seeking to find the integrity of her experiences of pain, in order to begin to find a sense of self that could take her away from more scars, and toward long awaited healing.

For Katherine, the way to understanding her pain began when she phoned a local reproductive health clinic. She really wanted someone to tell her that she could not have another abortion, but what she asked for was how long a waiting list they had to see a doctor. The nurse began to ask her a few questions, and Katherine started to test the waters with her real fears: would she be scarred by another abortion? What happened to women who had abortions over and over? The nurse wondered if she would like to know about this research on unexpected pregnancy; she would. She listened to the information, hung up the phone, and shortly afterwards, called the researcher.

What had intrigued her, Katherine said at the outset, was that anyone cared to know what this unexpected pregnancy meant to *her*. That had not been her experience in her other pregnancies. Recalling a time just prior to having an abortion, she said that "I've been in the waiting room and I wanted counselling but I didn't, because I didn't think I could" (p.67, 1st conversation). Katherine's powerlessness in childhood against an abusive father and negation in adulthood with a domineering boyfriend translated easily into her dehumanizing experiences of hospital abortions. There, as in life, she found no shortage of people to disapprove of her: nurses who played with a baby and stared at her while she cried before a first abortion, and a nurse after her third abortion who said "You've had one in '88, '89, 'and '90; don't bother coming back in '91" (p.32, 1st conversation).

Katherine recalled a group film on birth control before one abortion, and the doctor with whom she visited another time to discuss alternate birth control methods. She does not remember anyone, ever, asking her what she thought was feasible birth control for her, and what was not. When, after her third abortion, her repeated attempts to convince the doctor that she needed an alternative to the pill failed, she acquiesced with what she saw and heard all around her: what she thought did not matter. She dutifully bought her pills again, forgot to take them again, got pregnant again.

Coming into this fourth pregnancy, Katherine did not know what scared her most about another abortion. She talked of scars, but she also was not sure where all the pain of her experiences was; she could not locate her feelings about her experiences easily:

> I often, like I know the way people block things out and I have thought to myself - I wonder if there is anything that has happened to me that I have absolutely no recall of, because I completely blocked it out. I wouldn't be surprised to find out that there was. Maybe there was. (p.78, 2nd conversation)

Katherine knew that her last abortion, awake and surrounded by strangers with her "legs up" (p.32, 1st conversation), remained an indelible memory, one she was still trying to make sense of and put to rest. As a girl, she lay in bed waiting for her father to come home and beat her; now as a woman she lay on a cold operating table while strangers entered her body without adequate anaesthesia. She knew that they had not given her enough analgesic, but when she asked the doctors, "they said 'this'll take the edge off....but it didn't" (p.31, 1st conversation). She talked about physical pain - grabbing, pulling, taking her insides out. And she talked of humiliation and embarrassment, shame strong enough to keep the full nature of the pain from her consciousness until after she left the operating room, the room full of strangers looking at her with her legs up in the air, her most private body exposed.

Katherine knew she could not undergo such an experience again. Many nurses and physicians have heard more than one colleague express the notion that being forced to undergo an abortion without adequate anaesthesia ensured that a woman would "learn her lesson." Katherine has experienced this belief that "bad" women need to be "taught a lesson" all of her life, starting with her own father. The connections between women's pain and their sexuality are referred to by Epstein (1987), when she states:

> We have come to understand that the body represents a locus of power, a canvas on which power relations may be drawn. (p.25)

For Katherine, the "stripping procedures" (Hartmann, 1984, p.65) of her medicalized experiences of abortion in hospital reinforced to her that she, as woman, was powerless. Stripped of her clothes, her voice, and even the freedom to move, she was powerless as she had been in her childhood, powerless as she had been in her relationship with her boyfriend, and powerless as she had been in her failure to convince any doctor or nurse that she was intelligent enough to learn about birth control. The objectifying look of Other (Sartre, 1956; Leder, 1984), as stranger-doctor, stranger-nurse, confirmed her interpretation of herself as a woman who did not matter, and as a woman whose body was the object of shame, pain, and infinite loss of power.

If the lesson intended for Katherine was that she was powerless and unimportant, she incorporated it well; she got pregnant again. The nurse at the clinic she phoned who finally listened and asked, "Are you wondering about what you want to do?" may have been the only difference between yet more "lessons" of the same kind, and finally coming across someone who asked Katherine, "What is this like for you?"

Katherine reflected on those experiences of hospital care again after her hospitalization with her miscarriage. Remembering the caring that she felt from both the physician and the nurse in ultrasound with her miscarriage, she said: "it helped, it helped a lot....You were allowed to feel bad" (p.79, 2nd conversation). With her abortions, which she described as "the exact same pain, just different circumstances" (p.73, 2nd conversation), she "never, ever, felt that" (p.82, 2nd interview). She never felt allowed to cry, although she wanted to. The "good" pain of miscarrying a child-to-be was

allowed; the "bad" pain of aborting a child-to-be, a self-other not tenable or trustworthy, was not allowed.

Vanessa also remembered only stranger-ness, the objectifying experience of being anonymous, in all her recollections of seeking advice from caregivers on both this unexpected pregnancy, and a past "scare" at age 16. Then, she had gone to a pregnancy crisis centre, to get a test and find out what she could do:

> I just know it was a bad experience. They made me watch this movie about the baby and what it looked like in its' development and everything, while they were checking me to see if I was pregnant....I walked out of there very angry because it was like, you stupid girl - what are you doing playing with fire, you know, and you are going to get burned. (pp.13, 15; 1st conversation)

The thing which Vanessa remembered most about the volunteer counsellor, six years later, was that he smelled. She found him "very unprofessional" (p.14, 1st conversation), and she ran out of there as fast as she could. She went to her own physician, who was "O.K...it was fine me talking to him" (p.17, 1st conversation), and went on the pill.

But, explaining that it always took at least a week to see her own physician, Vanessa again sought strangers when she suspected this pregnancy. At the medi-clinic where she went to get tested, she recalled how the physician gave her the news of the positive results:

> She goes - it's positive. I just started bawling right there. She goes - do you know what you are going to do? And I said no. And she says - well you should get in touch with somebody and find out what you want to do....it was so, almost cold....but I didn't know if I was just taking it too personally or not...I was thinking that this is her job and what does she care, almost?
> (pp.9-10, 1st conversation)

Things did not improve much when Vanessa saw her own physician a few weeks later, however. "She asked if I was married, and I told her we were not married and she

goes "Well we'll just call him your husband to make it simpler for me"....She never asked me what I wanted....Everyone just told me what to do" (pp.42-43, 1st conversation). Her physician did not raise any discussion about either adoption or abortion. Like her boyfriend, her family, and her friends, her doctor let her know, with what she asked (are you married?) and what she did not (what is this like for you?), that what she was experiencing did not matter, and would not make any difference. Silent, she would stay pregnant, and muted, she would give birth to a child. She could only fight back with a refusal to give birth to a mother.

As caregivers, it is time for us to ask: Where does all the pain which we do not allow women to voice go? What happens to pain which, often intentionally or otherwise aided along by those who aspire to the name of caregiver, stays unvoiced, hides in shame, and remains not listened to? How do we, as caregivers, negate women's pain, and take them away from their understanding of their experience? How do "options", coolly listed by a stranger, meet the tears of a devastated Vanessa? Where, in Katherine's story, does nurturance for her pain begin? In our care, when do we nurture women in their pain - and when do we add to it?

Pain And Nurturance

Maggie, too, was traumatized by her experience of hospital abortion with her first pregnancy; enough to vow that she would not have a second abortion in hospital. She remembered her fear, when she woke up from the surgery, that the abortion had not happened. She went to the bathroom and "there was no blood - I wasn't bleeding and I was frantic, I thought, they didn't do it. I kept asking the nurse why there wasn't any

blood - but, she just said, it's O.K., you had it, don't worry" (p.2, 2nd conversation). She asked a few more times, but no one wanted to talk with her about her concern over "the blood, there being no blood" (p.2, 2nd conversation). She felt stupid and embarrassed, and she stopped asking.

Pregnant again and recalling that experience, she looked for another option. A close friend in law practice was going out with a woman resident in obstetrics and gynaecology. As a woman, she questioned much of what she was seeing, in her residency, of women's treatment during childbirth and other procedures. She and Maggie had become friends over the previous year, and Maggie decided to approach her for help; she wanted to know if she could "take something" and avoid a surgical abortion. Her friend agreed to meet Maggie and discuss using an anti-progesterone to induce abortion at home. They went over the details together carefully, and she told Maggie what to expect, that it would be much like labour, and that she should have someone available to be with her in the apartment. She gave Maggie her number, to call "day or night," if she needed her during or afterwards. Maggie asked her friend in the apartment above to stay home while she took the medication, and she passed the fetus at home, alone, three nights later, with her friend keeping vigil upstairs.

The pain was awful, Maggie recalled, but there was no embarrassment, no shame. She took up her pain as her own, chosen by her and not by a stranger-as-other, and began her healing with a priest. Like the choice itself, the pain, for Maggie, was hers: that was what made it bearable, knowable, and able to give her, over time, a different understanding of this unexpected pregnancy, of herself, and of what she intended to seek

in her life. Her pain, listened to by others, became an experience which could nurture, an understanding of self which could begin to heal.

Mary also found a way to nurture herself, in the pain of miscarriage, by taking her pain up as her own, and getting back to her home and daughters as quickly as she could after her operation. A nurse herself, she did not want to cry too much in hospital, "because the nurses are so busy and I didn't want them to think that they had to sit and hold my hand. You know, they're as understaffed there as they are any place else." (p.7, 3rd conversation). She felt doubly protective of the nurses because she felt that they, along with her physician, advocated for her in the emergency room. There, a resident unleashed her grief when he crudely informed her that the miscarriage was a good thing, because with her medical history, she should have known better than to get pregnant. He then returned with two student interns, who said that they wanted to do another vaginal exam, to feel her retroverted uterus.

When Mary flatly refused the exam, she recalled the conversation which ensued with the intern: "He said 'You're in here and you signed papers, you have to'....I told him I didn't have to, I don't have to do anything" (p.42, 3rd conversation). Her tears increased and the nurses, enraged, told the intern to get out of her room, and called her physician stat. He came down and sat with her for half an hour, "just holding my hand and stroking my hair" (p.44, 3rd conversation). There was not much talk, but she found his presence comforting and calming. He stayed until her friend came back from her house, where he had gone to get toiletries for her stay in hospital.

Mary's physician did not really want to release her the next day, because she had lost quite a bit of blood. Assured that she had her daughters at home to care for her, and that she would return immediately if the bleeding picked up again, he let her go. She went home, wrapped herself up in a big blanket, had milkshakes with her daughters, watched television, and cried: "I cried a lot" (p.7, 3rd conversation). It was safe and familiar at home; surrounded by her baby things and her "core," she felt free to grieve, free to begin to heal.

In these stories, there may be "good" physicians and "bad" ones, "nice" nurses and "nasty" ones - or are there? In a mode of knowing either the women or the caregivers as "bad' or "good", what understanding of their shared experiences of being cared for and caring for do we gain? Katherine talked about the comfort of the nurse who held her hand in ultrasound, after her miscarriage, about how much it helped. We do not know if this same nurse would have held the hand of Katherine at 16 waiting for an abortion; she was not there. We cannot ever say what any of these nurses or physicians would do another time. Our interpretation of what they did this time is limited more by what we do not know about them than what we might imagine about their motives. Labelling caregivers or patients helps us understand neither.

A more helpful manner of seeking knowledge about these women and their caregivers may be to return to the pedagogic value of tactful action. What we may be able to see, in these stories, is where tact was present, and where it did not seem to be. We may be able to see beyond the stereotypes of both the caregivers in the women's eyes, and the women in the caregivers' eyes. We might, by searching less for

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explanations of apparent "badness" or "goodness," ask more about what the shared pain or nurturance of their experiences together can tell us. Pain for these women, like unexpected pregnancy, turned out to be unavoidable; pain claimed them, as Kristeva's child claims her (1986). Pain, then, may be the *problem* we leave each other when the strange-making environment of an entrenched hospital system lends caregivers and women anonymous to one another, never really touching each other, and never sharing understandings of their experience which are attentive to concrete particulars.

That we leave pain as a problem to each other may be very important to recognize; caregivers struggle to deal with their own feelings about women's choices in unexpected pregnancy, just as the women experiencing the pregnancies do. We may only move beyond our separate struggles, as "caregivers" and "patients", when we recognize the mutual nature (Gadow, 1990; Marck, 1990c) of the experience of health care for both the givers and receivers of care. To move towards that mutual understanding with these women and their caregivers, we need to consider other possible ways of envisioning pain, ones that recognize what pain may mean to each of us.

Just as possible as viewing pain as a problem which patients present to us, we as caregivers may choose to envision pain as an *experience*, embodied and available for our understanding. In a view of pain as experience, caregivers do not try to remain strangers, they do not refrain from tactful touch and connection with patients, and they thoughtfully attend, for however long or short a time they have, to the real details of each person under their care. Perhaps it is possible that, just as there are no actual bad or good caregivers or patients, there are no bad or good ways to ignore pain, because it should

not be ignored. There is only hope in letting women have their own pain in their own way, letting them voice their pain, and asking ourselves to listen to them, and to share their pain.

The Nurturance Of Listening

What does the narrative of unexpected pregnancy for these women tell us of our roles as caregivers? How do we ensure that, regardless of what we believe to be true at a certain moment about any woman under our care, we are tactful in our actions towards her? There are clues, in their words, of very simple gestures that made all the difference for some of them. The physician who held Mary's hand, like the nurse in ultrasound with Katherine, left a lasting impression not only that they cared, but that the pain was real, it was permissable, it was *admissible* - "an admissible concern" (Walker, 1989, p.19)? In the admission of the pain, these caregivers transmitted healing. They gave Mary and Katherine, through holding their hands through their tears, a place to voice their pain: a place of nurturance.

Mary's physician stayed for half an hour, but Katherine's nurse could stay only a minute. Yet, both women remembered being touched vividly; both said that it made a difference. After three abortions where she felt "ridiculed and humiliated" (p.72, 2nd conversation), Katherine found, in one minute from a kind nurse, a brief connection that "helped, it helped a lot" (p.79, 2nd conversation). She wondered what it would have felt like, with any of her abortions, had anyone, even once, shown her regard as a person, instead of giving her "dirty looks" (p.72, 2nd conversation). She never expected others to necessarily agree with what she was doing. Still, she wonders if there was not any

way in which at least one person, somewhere in her life, could have just said to her, "What you are going through, its hard and somewhat painful" (p.81, 2nd conversation). She asks only for "somewhat" - perhaps she does not think to ask for more than that. On the other hand, it is only in this research that she has ever asked for it at all. The nurse in ultrasound who asked her if she was "O.K.", and this research, are Katherine's first recollections of ever being asked for her own experience, for her own words.

Goldenberg (1990), in paraphrasing Kristeva's question of, "What will women write that is new?"(1981, p.32), suggests that "It is most likely that women will actually write things that are very old" (p.186). Perhaps, in attending to the words of these women in unexpected pregnancy, we should not be taken aback at the notion of the healing powers of such simple things as a touch, a regarding look that does not objectify, or the voice that joins their pain and asks for their voice, for them to speak to the question," What is this like for you?" Neither should we stop at valuing these actions but not performing them, claiming that time constraints in our practice leave them generally more intended than realized. Instead of giving over to the myth that "we haven't got the time", we may need to question: What do we take our time up with? How can we see differently what our time is for in caring for these women, and change what our time is given to? How can we, because we must, find time for women's voices?

The Sum Of One Narrative: Four Women Speak

The purpose of this interpretation of unexpected pregnancy for four women was to unconceal and bring forth their experience, as it embodied and shaped their understanding of themselves as women, as women in relation with others, and as mothers. The hope in giving language to each woman's experience of unexpected pregnancy, and as four women together, was to question, in deeper and deeper ways, what we as caregivers can learn from their experiences. The learning sought was understanding of what might inform our actions with tact towards all women in unexpected pregnancy, and towards each other as humans.

The women who came to this research all expressed a need to find a place where their experience could be voiced, a place where they could feel heard. This research was that place. There are no true summations of their narrative; this research only begins to map out one tiny portion of women's land. Further exploration of what women may be bound up in, as they make choices in unexpected pregnancy, is needed. In this research, each woman's experience of unexpected pregnancy was bound up in the need for trust and nurturance to understand oneself as woman, as woman in relation with others, and as mother; the pain of searching for the right place for a real or imagined child, and the commitment to find a place for their real or imagined child from which they could find a place for themselves as mother.

Within this interpretation of their experience, several meanings have emerged which merit further attention. As with the women who chose pregnancy in Bergum's research (1989a), unchosen pregnancy for these women initiated a corporeal dialogue with self

that asked for a unique sharing of self-other, a relationship with a "self that is not myself." For Mary and Katherine, where trust and nurturance for this exploration of woman as herself was found, the vulnerable relation of self-other took hold within, developing in a powerful manner that became a relationship with an imagined child-to-be. Also parallel to the experience of the women Bergum (1989c) spoke with, this nurtured sense of unexpected pregnancy seemed to inform a woman's understanding of mothering in an empowering way, and pregnancy as a relationship was entered. Where trust and nurturance for the woman as herself were not present, however, the relation of self-other in unexpected pregnancy was overpowering, and inserted overwhelming struggle and fear into her experience of the pregnancy. From such an experience, no adequate understanding of mothering could be developed within pregnancy, and the relationship with a child-to-be was aborted or suspended.

For Maggie, the dialogue aborted in her pregnancy resumes from a place of greater trust and nurturance, for herself as woman and in relation with others. For Vanessa, the suspended dialogue with self-other that was muted in pregnancy by the voices of others transforms to a new form: the dialogue of mother-child. At the time of this project's end, she does not yet know how this dialogue will turn out, how she will choose for her child. But the dialogue has widened to include her husband and a real child, and she will continue to struggle to hear herself, until she is satisfied that she has found the right place for her child, a place from which she can mother.

For all of the women in this research, as with those in Bergum's (1989c), the presence of a real or imagined child brought with it pain, the pains of mothering. Each

woman's experience of pain was very different in nature, both within and outside of the unexpected pregnancy. For each woman, the pain of her experience informed her understanding of what the unexpected pregnancy meant to her. For each woman, her pain informed her to the extent that it was allowed by others, given a voice, listened to and shared. For all, a place of nurturance and trust was required, in order to begin to understand what the choices of motherhood, adoption, and abortion meant to them in their experience of unexpected pregnancy.

From this interpretation of the women's experience of unexpected pregnancy, a larger reading of the text can be taken. This larger reading is that women need to speak about their experience, and they must be heard. It is only through giving voice to their experience of unexpected pregnancy that each woman who tries to choose can find the place of her pregnancy within her life. The pedagogic value of mothering pains in unexpected pregnancy, for women who feel that they must choose in pregnancy, relies on how well women and those who care for them listen, together, to what women have to say about their experiences. Our common understanding with women of what they are bound up in, as they choose for their pregnancies, is nurtured to whatever degree that we truly listen to women, as they truly are.

This commitment as caregivers to listen to women's voices can direct us as nurses in our questions about practice, methodology, moral theory development, education, and future research. In all our questions, one central goal is sought: to increase our understanding of our ethical role as caregivers to women in unexpected pregnancy. As we remain oriented to the pedagogical insights which this narrative of unexpected

pregnancy may offer, it may be useful to consider Evan's (1990) suggestions about our development as humans:

> Moral growth cannot be compelled, cannot be forced. If it is to occur at all it must arise naturally and of its own necessity from within the recess of human consciousness. It cannot be contrived. It is just this feature of moral growth that gives rise to a necessary element of risk that attaches to all truly educative activities. (p.9)

The women in this research have taken the risk of giving us their words; our own moral growth as caregivers may depend on taking the risk of listening. Truly listening may leave us less sure of many things, both about ourselves and about women who feel the need to make a deliberate choice in unexpected pregnancy. That uncertainty may be the only means to ensure that the moral dialogue continues, in a tactful and caring manner that teaches us all. Questioning ourselves may be the only safe passage for both women and their caregivers to the next level of the dialectic, the only way to a truly moral pedagogy of care for women with unexpected pregnancies.

As we question our role as caregivers in this research, it must be noted that this work is only a brief glimpse of one place in women's land: the place of unexpected pregnancy for four women. This research does not consider the lives or places of women who never wished to become mothers and bore children irrespective of their wishes, of women who do not ever have difficulty with making choices in pregnancy, or of women who wait and hope for a pregnancy or an adopted child. All of these women and more need to be sought out in their own land, and asked to voice their experiences, to enrich our human dialogue.

Yet, however essential women's stories may be to our human knowledge, our charting of women's land represents only the next infant step towards a better world for us all. After women have spoken, and we have written down their old words in new ways, we need to then ask other questions, ones which challenge men and women to wonder together: What might change about our communities, if the meanings of women's lives were rejoined to those meanings which we accept as part of our present everyday culture - pervasive violence and pornography, repressed sexuality and forced sexism, anorexic women and battering men, and growing numbers of neglected, abused, and sexually violated children (Kaplan, 1983; Rothman, 1989; Wolf, 1991)? What would a world that holds places for women, instead of keeping them "in their place", look like? How might our landscape transform, in a world where women's places were common scenery instead of hidden from view - where women as they are, pregnant or not pregnant, mothers or not mothers, were at home and accepted?

Too much remains to be written about women's experience to know what such a world might look like. Yet, we need to begin imagining, even from what little each of us might recognize of ourselves in this work. We have turned to four women and asked them about their experiences of unexpected pregnancy. Now it is time to turn back to ourselves, and ask these questions: What, from four women's experience of unexpected pregnancy, can we ask about ourselves as nurses? What can we wonder about ourselves as researchers, as educators, and as people? What can a beginning pedagogy of unexpected pregnancy begin to teach us?

V. ONE PEDAGOGY OF UNEXPECTED PREGNANCY: REJOINING FOUR WOMEN'S WORDS TO THE DIALOGUE

> How can an understanding of the nature of women's attachment and commitment to the fetus/child lead to a greater understanding of our ethical connection and commitment to one another? (Bergum, 1991, p.4)

Bergum's question rises from a fundamental belief in the pedagogic value of women's experiences of pregnancy, birth, and mothering for our understanding of ourselves as people, as parents, as teachers, and as caregivers (1991; 1990a; 1989c). In this research, Bergum's question assists us to discuss the pedagogic value of one small corner of women's land: four women's experience of unexpected pregnancy. By bringing their private stories and this interpretation of their experience to a public dialogue, we have already begun to ask: What is the nature of the ethical commitment and connection between a woman and a developing self-other in unexpected pregnancy? What is a woman's choice bound up in with unexpected pregnancy; what matters to her, and in what way?

From our developing understanding of these narratives of unexpected pregnancy, we need to then ask ourselves as nurses: What is the nature of our ethical commitment and connection to women in unexpected pregnancy? What is our care for each woman bound up in; what matters to us, and in what way? The present climate in both our health care system and our moral discourse indicates that where choice in unexpected pregnancy is concerned, we do not speak with one voice as caregivers - and perhaps we never should. But in a world where women's voices are asking for someone to hear them, we might

hope that all our different voices, collectively, will speak with tact; that all of us, thoughtfully and attentively, will listen to every woman, and to each other.

Listening now to the women of this research, and to each other and each woman as she comes into our care, we can search the meanings of unexpected pregnancy, and consider what matters to each and to all of us, by posing other questions. These questions are ones about how we choose to research women's experience, what we believe are and are not the concerns of nursing practice in our care of women, what women's experience may offer our continued activities within ethical inquiry, how we wish to educationally prepare nurses to care for women, and what future research questions we might ask from this interpretation of unexpected pregnancy.

To ask these questions, the words of four women's experience of unexpected pregnancy are rejoined to our language and our thinking about what women's voices can teach us. The questions seek to begin a dialogue on the pedagogy of unexpected pregnancy, as one part of the ethical connection and commitment which Bergum (1991) asks us to consider.

Engaging Women's Voices: What Should Be Our Methods?

Is there one best way to inquire into the nature of women's experience, or any human experience? Gadow (1990) would answer that it depends on what we wish to know. In this research, where it was hoped to gain further understanding of women's experience of unexpected pregnancy, the phenomenological method provided a tactful research approach to a sensitive and hidden experience. This approach was particularly

suited to an experience of women not well described in literature with their own words. Recognizing this lack of women's words, this research came to women in their own place, as they truly were, speaking with their own voices and their own words.

The importance of conversations with women became more and more clear as the research activities progressed and interpretation of the women's stories began. Belenky et al (1986) note the significance of voice for women, as a mode of knowing:

> Voice requires closeness between subject and object. Unlike seeing, speaking and listening suggest dialogue and interaction.(p.18)

Listening to women's voices was a central value of this research. However, the emergence of voice as a central theme in unexpected pregnancy was not anticipated. This may be the inevitable result of the research question, which asks women to speak about making a choice in unexpected pregnancy. We cannot say, from this narrative of unexpected pregnancy, that being heard is equally important to every woman in unexpected pregnancy. We can only begin to imagine the possible benefits of being listened to for each woman, as well as the potential costs for all of us when she is not.

The value of listening to women is reinforced by this narrative. In the voices of the four women in this research, several thematic moments first found in Bergum's work (1989c) were revalidated: a growing presence of the child-to-be for each woman who chose to continue her pregnancy, a developing sense of responsibility for the child-to-be or real child where the pregnancies were continued, and for all the women, irrespective of choice, an experience of pain that was coupled with a sense of having a child on one's mind forever, in one sense or another. From this growing support for the meaning of pregnancy to women, chosen or unchosen, we can surely say that it behooves us to keep

asking and listening to women, whether or not they all experience the same need to be heard as the women of this research.

The hidden and secretive nature of this experience for many women provided a considerable challenge in attaining participants for the study. Further research with women newly informed of unexpected pregnancy will require reconsideration of the best strategies for allowing women to become aware of the research. Public advertisements resulted in far more responses from anti-abortion activists than from potential participants, despite editing and re-editing of the advertisements. The other sources of potential participants yielded only one woman who met the inclusion criteria, and she joined the study. Out of approximately thirty inquiries in total, only four women met either the original or the expanded inclusion criteria; all four women joined the research. One strategy not considered until the data collection phase was over was to cull referring physicians' names from a local reproductive health clinic appointment book, and approach those physicians with a request to place information about the study in their waiting rooms. Future studies might benefit from trying this strategy.

Throughout the research, my personal involvement in the research question was recurrently submitted to scrutiny. The value of the disciplined activities of keeping a researcher's journal, validating transcripts and interpretations with the women, and committing to a hermeneutical writing and re-writing of the narrative became apparent in my efforts to remain aware, throughout the research, of the differences between my experiences and those of these women. Without these activities to discipline the understanding of one's involvement with the research question, it is difficult to envision

how valid inquiry could proceed. At the same time, disciplined personal interest in the question assisted with maintaining an orientation to the women's experience, aware rather than unaware of my own possible biases. I could continue to ask what was possibly similar for my own experiences and those of my participants, and what was probably different.

For instance, it was important to acknowledge that the central reasons for my deep interest in this question were my own experiences of pregnancy, which were chosen, and of birth and mothering, which seemed less chosen by me and more regulated by others, "experts" who did not ask for my voice, but advised me of my experience. Initially, I was only able to wonder how these personal experiences were similar to or different from those of women with unexpected pregnancy. I knew from clinical practice that many women struggled with choosing in pregnancy, but felt hindered by my lack of personal knowledge of that struggle. I valued their responsibility to make their choices themselves, but questioned my insights into their experiences. Through the discipline of the research, however, the common underpinnings of our experiences as women were uncovered. Those commonalities were ones of women needing to enact their own choices in the experiences of pregnancy, birth, and mothering, and women finding nurturance from the pain of their experiences when they are given voice and listened to. These common meanings to different experiences of women assist my practice, and confirm the value of further research in this area.

This research also encourages me to ask what the value of this narrative can be to others. It is "only" the story of four women; it is the story of "only" four women. To

present this research for public scrutiny is an experience of great vulnerability, as both a woman and a researcher. Here again, the method assists to address the concern; the method itself is one continual process of disciplined scrutiny. The women who participated, my committee members, interested colleagues, family, and friends all dialogued with me throughout the research, as I questioned the meanings of this narrative. This method does not encourage solitary thinking to the exclusion of others' ideas, but rather thrives on alternating activities of reading, reflection, writing, and dialogue. The writing and re-writing represent the apparent close of the activity, but the capacity of the text to lead others to deeper and deeper questioning is the true, desired end of the research. The text lives on (Bergum, 1989a), and we are encouraged to keep questioning how we talk about women's experiences, and how we might talk about them (Gadow, 1990; Goldenberg, 1990; Kristeva, 1981; Spender, 1989). The hermeneutical activity allows us to see what we have said, and try to say it again, still better, with an even more truthful perspective (Gadamer, 1962; van Manen, 1990b).

Another question which reoccurred throughout this project was how this research resembled practice, and how it did not. The question of how research and practice do and do not stand together in phenomenological inquiry may best be served by re-orienting to the research question posed in this study: What is the experience of unexpected pregnancy like for you, as you consider what you will do about your pregnancy? The research question itself called for a tactful mode of inquiry, just as the care of women during unexpected pregnancy calls for tactful action on the part of practitioners. The goal of that tactful action in practice, a more ethical comportment towards women in our role

as caregivers, reflects the overall goal of tactful inquiry in research: the goal of a larger, fuller, deeper, and more meaningful understanding of women's experience of unexpected pregnancy.

In our use of tactful inquiry, then, we reveal further understanding of the tact which is required towards women during this experience. Tact in our research can inform tact in our practice. There is a similarity to these two uses of tact which is important to recognize. This similarity of tact in research and tact in praxis ensures that we truly engage in research that is *for* and not *on* women, research that sincerely asks them for their own experiences. By sincerely asking for the experience of others, we can hope that the knowledge we gain has useful application to their experience, and to our development of the ability to nurse them (Gadow, 1990). We also engage in a method of inquiry which, like practice, commits to a dialogue. This dialogue in research, as in practice, should be a tactful one, and therefore a potentially empowering one (Anderson, 1991; Swanson-Kauffman & Schonwald, 1988).

There is also a difference to these two kinds of tact: a difference of activity. In this research, tactful inquiry into the women's experiences of unexpected pregnancy was accompanied by the lengthy conversations with the women, careful transcribing and repeated readings of the text, and hermeneutical writing activity over a period of several months. As a researcher, I was listener, and nursing care was not expected of me. This situation does not mirror daily practice, where there is limited time for talk with each woman, the recorded text of their words is scant, opportunities to reflect on and write about them are virtually non-existent, and I am expected to give care, in the moment.

Still, the word *moment* brings us to the point where tact in research and tact in practice stand together: that point is a common thrust to be prepared for each pedagogic moment (Evans, 1990; van Manen, 1990a) which arises as we provide care.

The pedagogic moment, considered in van Manen's view to be constituted by "a total personal response or thoughtful action in a particular situation" (1990a, p.182), is sought with equal necessity by researchers, teachers, and caregivers. *Moment* in this sense may last a few seconds or a lengthy period of time, but its nature remains the same, whether in research or practice. It is the thoughtful, attentive realization of what we should probably do in a particular human situation.

In this research, the time and range of activities afforded to approach this realization were considerable. Conversations with four women now continue with each person who reads this work and asks: What is the pedagogic value of these women's experiences of unexpected pregnancy? What do their words ask us to consider in our practice, as we meet them and others in our care? As we read and reflect, time can be given to these questions, and we can ask and re-ask them at our leisure, as we are ready for further examination of the text, and of ourselves.

In practice, however, we must usually both recognize and act on pedagogic moments almost instantly, as we apprehend them. Tact here becomes the bridge between theory and practice (van Manen, 1990a). As we research, tactful conversations with women yield text which we interpret in order to uncover pedagogic moments inherent to the experience of unexpected pregnancy. As we practice, tactful actions with women yield a text of their experience which we can interpret for pedagogic moments. In research or

in practice, tact thus prepares us for the pedagogic moment, and shapes our understanding of human experience.

As nurses, tact thus prepares us to research and practice in a manner that respects and understands human experience. In this research, our need for intimate knowledge of women's experience of unexpected pregnancy is based on a recognition that in nursing such women, we and they find ourselves in situations together. These situations are fragile and full of unknowns; they require us to depend upon each other for the sharing of "knowledge about where safe passage may be found" (Gadow, 1990, p.12). We may care *about* women in unexpected pregnancy without such knowledge, but it is difficult to see how we can effectively care *for* them. Safe passage for women in unexpected pregnancy, and for the caregivers who wish to provide them with ethical and respectful care, therefore begins with valuing the same knowledge in our research that we do in our practice: shared understandings of the human situations which we as caregivers and those we care for come to find ourselves in, together.

Women Speak: How Shall We Practice?

From a recognition of the value of pedagogic moments in both research and practice, what questions does this research suggest to us about caring for women in unexpected pregnancy? How can we, and the women we care for, find safe passage through their experiences of unexpected pregnancy? To begin with, we might ask ourselves, what were some of the pedagogic moments in the narrative of these four women's experience? To look for the pedagogic, perhaps we need only begin by looking for the "taboo, the bodily

aspects"(Whitbeck, 1984, p.196) of the women's experience. Once again, we need to return to the body, woman's body of knowledge.

What, for instance, was the pedagogic moment for the nurse who took Maggie to the bathroom after her first abortion in hospital? Maggie recalled her tears and terror at the fact that she was not bleeding after the surgery; she was sure that the procedure had not happened. But when confronted with Maggie's fears, the nurse could not think of anything to say, except that it was over, she had already had surgery. In attending to Maggie's bodily understanding at that time, what might have constituted a tactful response from the nurse? Maggie felt stupid and embarrassed; she felt she had violated a code of silence by asking about the blood. We need to think more about what how we respond, as caregivers, when women come to us with questions about their body which are so primal, and usually so unspoken. Are we aware of what these aspects of the body mean to each woman in our care? What does the body mean to us, and how do those meanings influence our care of women during these experiences?

The point of such questioning is not to formulate a stock answer for what Maggie's nurse should have said. Rather, the benefit of examining our own notions of a helpful response to Maggie is that we may begin to become more aware of our own taboos, and more thoughtfully attend, in practice, to moments when they hinder our responses to women. What, in each woman's experience, is taboo itself, for each of us - and more importantly, in what way? Do we ourselves believe that our bodies are meant to be silenced, their capacities covered over and not spoken of? When we do not acknowledge a woman's blood, or how she might feel during an exam, or the pain she may have, what

is her experience of our care, and how does she come to understand her own experience of what she is undergoing? It may be that we can begin to learn what we find difficult to acknowledge for others when we attend to our own bodily experience of caring for women. Our awareness of what we feel when they have an internal exam we are present for, and what we feel when they cry about their pain, can assist us to ask them in a tactful way, "What is this like for you?" Aware of our own fears, we can set them aside, as we move toward the woman who awaits our care.

These questions about the bodily basis of women's experience in our care direct us to seek more understanding of the role of "body work" in our care (Benner, 1989; Epstein, 1987; Skene, 1991). Body work in nursing may be seen in practices as diverse as massage, physical therapy, bathing, toileting, and touch, amongst other activities. From the experiences of these four women with caregivers in unexpected pregnancy, we can ask: How do we carry out this work? Do our words and our actions convey respect and care? Is our touch tactful and comforting, or inappropriate, ill-timed, rough? Do we recognize each woman's personal space during a pelvic exam, during a discussion about birth control, when she is crying? Do we value such activities as letting women touch and feel the instruments that are used on their body, or letting a woman know she can tell you what she hates about using a condom? Do we ensure that women are covered and accompanied as they wish, during invasive procedures? Do we understand, in our body work in nursing, what we communicate to each woman about who she is to us, as person? - or what she is, as object (Gadow, 1980b)?

Just as importantly, we need to ask about the possible applications of women's bodily experiences to our health promotion activities. Do we recognize the pedagogic moments which present themselves when women casually mention something about their bodies to us, such as changes in their menstrual periods, fatigue or nausea, an aversion to certain foods? We can attend to these bodily clues in many ways; the obvious response often consists of "teaching" the woman about her body, about menstrual cycles, or the "symptoms" of pregnancy. What might we find in another approach, one which asked of women instead: "What does that mean to you?" or "Do you have some idea about what bothers you in that?" In this second mode, we refrain from telling women "what to do," and instead enable each woman to tell herself and us more about what this bodily experience may really mean for her. We help each woman attune to her body talk, and promote the" cultivation of corporeal self" (Leder, 1984, p.36) that helps her care for herself, and listen to herself. We pass over an ingrained habit of instructing, and in the tact of "holding back" (van Manen, 1990a, p.187), allow the woman to bring her own concerns to the dialogue.

Lippitz's comments about pedagogy also help us to re-think our estimation of women's bodily experiences, when he says that "we can see the child within us as a way to the child before us" (1990, p.56). When we talk with women about their choosing in pregnancy, their bodies hold much text for us to listen to, if we choose. As a woman talks about her pregnancy, how does she hold herself? What is the presence of relational legacies in her experience of this pregnancy, and how does her body speak of those relations? How do we know that she sees her father's hands as she stares at hers, unless

we gently ask, Why do you stare at your hands? (Marck, 1990b). How do we know whether a woman who sits across the room from us has been sexually abused by several family members? We cannot know unless we ask, and we may or may not sense that it is right to ask. However, we may sense that we should find out more about what makes this woman feel listened to and safe in our care, and what makes her feel discounted and unsafe.

Many of these questions ask us to re-vision what we really believe it is that women need from our care. Do women need "health care" which dictates how, when, and where they will get the assistance of health professionals for care in pregnancy, in birth, and in abortion? What are the actual costs and benefits, for women with low risk pregnancies, of community midwives versus office visits to physicians for care in pregnancy, or for births in birthing centres versus hospitals? When women come to us for contraceptive counselling, do they receive an onslaught of instructions and advice, or do they find themselves invited to share what they believe about their sexuality and contraception, and what they really think that they can manage to use, and why? What medical rationale exists for continuing to filter women's choices in pregnancy through physicians who perform surgical abortions, as opposed to expanding counselling services for women in early pregnancy, in combination with medically supervised use of an oral abortifacient such as RU486 (Lader, 1991)?

At present, these issues remain controversial and unanswered. However, in this research and elsewhere (Bergum, 1989c; Laslie, 1982; Rothman, 1989), one central question grows larger and closer: What is the proper role of caregivers in women's

experiences of pregnancy, birth, and mothering? The statistics cited at the outset of the literature review should convince us of our need to keep returning to this question. Perhaps we can begin to ask ourselves what parallel statements about women and about choice are suggested by our present health care practices in a variety of women's experiences (Hynes, 1989; Rothman, 1989). For women, what is similar and what is different about the nature of choice in contraception, in pregnancy, in childbirth, and in the use of new reproductive technologies? Where do they make their choices, and how? Who determines the options which are available to them, and when? How does their experience of choice help them understand the nature of what they are bound up in, what matters to them, in preventing pregnancy, trying to create pregnancy with any means possible, being pregnant, giving birth, and mothering?

It is useful to wonder how Katherine might have experienced choice in any of her previous pregnancies, had she received early and supportive counselling along with the option of taking up her choice actively with RU486, rather than late and hasty processing through passive experiences of surgical abortions? What might the freedom and the responsibility to truly choose her pain as her own have meant to Katherine, with any of these experiences of pregnancy? Would the respect for her own strength and self-knowledge which the option of RU486 implies have given Katherine a different sense of choice, not only with pregnancy, but with future contraceptive options?

We cannot know with Katherine, but there are many more women who might not face multiple abortions, were they supported with respect and the expectation that they were capable of enacting their own choices responsibly. Katherine never felt believed

when she said the pill was not a good method for her, and that she was eager to learn about other methods. What we do believe about women's abilities to manage their own fertility? How do those beliefs surface in our teaching, counselling, and conversations with women in our care? How does our own need to control women's choices invite them to tell us what they truly feel that they can and cannot manage; how does our need silence theirs?

Bergum's (1989c) story of separation from her daughter at birth, my experiences of separation from my children at birth, and these women's experiences of having their own knowledge discounted by professionals who "knew better" lead us to question again what the aim of our practice is with women. Women might well ask when they are going to cease meeting caregivers who "know better," and instead find ones who can genuinely help them to better know themselves. Do we help women, through our care during their reproductive lives, to find their own way, one which corresponds to who they truly are? Or do we help women to become distanced from their own self-knowledge with our advice, and separate them away from themselves as they truly are?

Finally, we need to break apart some of our practice myths about women's pain. We need to question again what is and is not painful for women, and what we do that eases or contributes to their pain. We need to especially ask whether a "technological attitude" (Bergum, 1990b, p.396) has replaced a tactful one in both our thinking and our care. What is our time for, and what is it not for; who do we give our time to in our daily practice? It may be easier to envision time for the simple but powerful nursing acts of listening, touching, and staying with women when they need us, when we expand our

nursing practice to multiple avenues for primary care and community service. These avenues include a greater nursing presence in homes and schools, clinics, streets, and other alternative support systems for women, children, and families. We need to politically lobby in our communities for such a vision of health care, and we need to continually assert the nursing role we wish to practice in the system with which we presently work.

This undervaluing of nurses' work parallels the silencing of the body itself in our research and our literature. If nurses are to assume their needed place alongside women during their experiences of care, we need to value our voices as much as those of the women we care for. The nurse whose picture appears on the cover of Growe's book about nursing, "*Who cares?*" (1991) is masked. Her wide eyes almost overflow with painful wisdom, but her mouth is covered over; her voice is sealed. We must be willing to say, "I see, and I am not silent" (Giovanetti, 1991, p.6); we must be willing to speak for women, and for ourselves. As individuals and in groups, we can speak for primary care, for midwifery, for women's services, and for our nursing role. We can talk with our patients, our colleagues, our professional organizations, and our communities. Perhaps most critical of all, we can commit to be there for the next woman who wishes our presence during an exam, or who looks for our acceptance to talk about unspeakable things, or who hopes that we will hold her hand through her pain.

A commitment to be there for women may often be met with resistance from others, including other patients, team members, and administrators with competing requests for our time. Our commitment is challenged in all these ways, and demands of us continued

questioning of ourselves, as we ask: What is most important now, and why? Who, and what, must be set aside for now - and what are the probable costs for doing so? Who should be helping with the care of these women, and how might I be able to change the fact that they are not? Who have I not asked for involvement, and why? These questions speak of shared responsibility for the outcomes of our care, and where caregivers do not practice collaboratively, we cannot always ensure the care we wish for in every situation. But as we ask, thoughtfully and tactfully, we may find that others begin to listen.

We need to ensure that others listen to our voices, because we need to depart from the rhetoric of medical and nursing stereotypes which does not serve our patients' needs. The growing public mistrust of health care suggests that nurses, physicians, and other health care professionals cannot assume that the effects of poor working relationships remain their problem alone. It is doubtful that our patients experience much more respect or tact from any caregiver than we are able to show towards each other. Along with our myths of good and bad patients, we must discard the convenient accusation of good and bad caregivers, and rejoin a dialogue in health care that is respectful, attentive, articulate, and interdisciplinary. Women have long ago ceased to benefit from having their concerns classified by gender rather than by their embodied experience of being women. Similarly, doctors and nurses have long ceased to gain useful insights from our cross-discipline accusations of sexism and suspect intents.

Wherever people in the health care disciplines stop talking, or exchange only accusations and tactless comments, our patients await care. It is time to begin talking to each other again, and keep talking until we all listen, and demonstrate that we have heard

each other. Just as our moral understanding will be nurtured by the addition of feminist epistemologies, our understanding of our needed roles in giving care will grow out of renewed dialogue with our patients, and with each other. Perhaps the old question for women, "What should we allow women to do, and what should they not be allowed to do?" corresponds to the old question for caregivers, "What should each discipline be allowed to do and not allowed to do?" Our new question for women, "What is this like for you?" suggests a new question for caregivers as well: "What are our patients trying to tell us; how can we hear what they need to say?"

Women's Words: Questions About Moral Language

> Words...should be discarded as soon as they begin to conceal what they ought to illuminate. Our terminology should be flexible in order to bring more and more of human experience and possibility into the range of our theory. (Goldenberg, 1990, p.215)

From a call to re-vision our debate in health care as respectful dialogue, what can we ask about our moral discourse? Diamond claims that the present language of a polarized abortion debate has been "the paradigm of our moral utterance" (Diamond, 1983, p.168). Perhaps a dialogue about nurturance, trust, and love can begin a new mapping of our moral language (Baier, 1986, 1985; Bergum, 1991; 1990a; Sherwin, 1989a; Walker, 1989). As women's words of their experiences continue to rejoin our ethical discourse, we can re-examine unexpected pregnancy and other human experiences which leave us angry and isolated in our fear, but vulnerable and teachable in our need, our first and primal need: for one another (Bergum, 1991; Lippitz, 1990).

A call for an ethic grounded in the other is a call for the addition of the experiences of nurturance, trust, love, and pain to our present language of rights, duties, and contracts (Baier, 1986; Bergum, 1990a; Held, 1988; Kuykendall, 1984; Lippitz, 1990; Sherwin, 1989a, 1985). It transforms our questions about abortion from an eloquent debate (Brody, 1981; Thomson, 1971) to a more ethical dialogue, one which recognizes the relevant concerns of women in the embodied experience of unexpected pregnancy (Bergum, 1990a; Diamond, 1983; Marck, 1990b; Rothman, 1989).

Every woman in this research spoke about the value of nurturing a developing being into the world through pregnancy; committing to become a mother was an action they respected deeply. It seemed that each woman sensed, through her own unique experience of pregnancy, what such nurturance calls for. From that sense, each women, given the chance to choose for herself, did not allow that need for nurturance to come into being, unless they had assured themselves that the need would be met. For these women, the deeper moral interest of ongoing commitment to born children seemed to come before the more immediate moral concern of continuing or aborting their pregnancies. Fantasies of mothering were replaced by consideration of the real needs of a possible child, as the embodied experience of pregnancy became available to each woman's imagination. Not from abstract principles, but from her understanding of her experience, each woman's actions flowed.

For these women, the salient questions in unexpected pregnancy may be: How do we nurture our children from a place of nurturance for ourselves, in a world where our experiences are not listened to? How do we trust our world as a place for children, when

we cannot find a place for ourselves as women? How do we accept what others see for us in pregnancy, when we find no one to accept us for who we are as women? Without the language and voice to express what women's experiences mean to them, it is difficult to imagine how we can rejoin our culture's place for women with the natural place for women as mothers: a place of nurturance.

We need to ask how our communities and our health care system recognize the nature of women's experiences of unexpected pregnancy, or indeed the nature of any woman's experience. Do our current practices, moral language, and laws honour the nature of women as they are, or as society would prefer to fantasize them? How is a woman's *nature*, as "the intrinsic characteristics and qualities of a person" (Morris, 1978, p.875), respected in an abortion debate that calls women murderers? How does a woman realize herself as a person, in a health care system that controls her choices throughout her reproductive life?

De-natured and stripped of their natural qualities as women in a culture which makes a large place for pornography and violence, women ask: Where is our place in this world, and who wishes to be here with us, as we truly are (Wolf, 1991; Rothman, 1989)? *Super-natured* and attributed with never-failing power as mothers, women also ask: Where is our place as mothers; who wishes to be with us as mothers and children, and love us as we truly are? Deprived of an honest dialogue which admits these concerns of women to the moral examination of unexpected pregnancy, women may naturally and morally continue to turn from forced motherhood.

As long as we continue to co-opt this unnatural separation of woman from mother in our media (Wolf, 1990), in our language and literature (Goldenberg, 1990; Kristeva, 1986; Spender, 1989), and in our medicalization of their normal life experiences (Sherwin, 1989b; Tomm, 1990), we may expect our moral talk of abortion to remain unconnected to many women's experiences of unexpected pregnancy. Women in our society will remain denatured, not truly who they are, not flesh and bones, birth and blood. If we wish to *re-nature* women as they are, and rejoin their experience to our moral language, we must re-admit their concerns to our discourse. Walker (1989) suggests that we can begin to do so by asking the following questions about any human experience:

> When we construct and consider representations of our moral situations, we need to ask: what actual community of moral responsibility does this representation of moral thinking purport to represent? Who does it actually represent? What communicative strategies does it support? Who will be in a position (concretely, socially) to deploy these strategies? Who is in a position to transmit and enforce the rules which constrain them? In what forms of activity or endeavour will they have (or fail to have) an application, and who is served by these activities? (p.24.)

To return women to the natural strength of their sexuality, with real flesh and blood, and meaningful vulnerabilities and powers, we can use Walker's questions to ask: Whose interests are served by closeting women's experiences of pregnancy and birth within a gatekeeping medical culture, as opposed to a multi-access community culture? Who do women talk to about their experiences, and who, if anyone, listens? Who is in a position to see that it stays that way, and who might change it? Where do caregivers respond to women as they truly are, and where do we silence them?

Perhaps the difference between abstract ethical inquiry which asks who we should be, and concrete ethical research which attempts to describe who we are, is only the gap between asking what hopes we should have for ourselves as humans, and questioning what human capacities our experience reveals to us. In unexpected pregnancy, a principled debate may continue about moral choices for women. Without women's own words about their experience as the other half of our ethical inquiry, however, we do not demonstrate ethical commitment to women and children. Without their words, we flex an intellectualized and disembodied moral language that does not speak *to* women's lives, only *at* them.

To generate a language which can offer our imagination a fuller account of the moral meaning of choice in unexpected pregnancy, we will need to tactfully attend to both questions of principle and questions of experience. We will need to ask both what our obligations to one another should be, and how we can set up a human environment in which it is possible to meet those obligations. Our realization of what our ethical task in daily life consists of is inevitably incomplete, if we do not reconcile the replies which we find to either query. And as with our practice and research, our ethical discussions will inform us all only to the extent that we are able to tactfully listen to and speak with one another. We cannot expect to capture the true meaning of any human experience, where we are not able to tactfully attend to each other's words about those experiences.

Without tact in our dialogue, there is reluctance to risk and imagine. Our moral dialectic suspends or aborts from fear, instead of proceeding from a mutually acknowledged need for understanding. Like patients with tactless caregivers, many of us

are silenced, or co-opted into language that is not our own (Levine, 1989). We cannot be silenced however; too much is at stake. We must speak as nurses, and be sure that when we do, we speak with our own voices (Huggins & Scalzi, 1988). Like the women in this research, our actions can only address our concerns to the extent that they flow from our own experiences, and not from the words of others. As nurses, we already know much of what those in our care need from us. It is time to make our voices, and their needs, heard in every sphere, from our professional bodies to our communities and institutions.

In an episode of the television series "Star Trek: The Next Generation," the robot Data is defeated by a visitor to the ship in a game of skill in waging war. Since Data is programmed not to make mistakes, he takes the defeat as irrefutable evidence that he is defective somewhere. Unable to entertain any other explanation for his defeat, he commences an exhaustive diagnostic testing of himself to locate the source of his presumed error. His shipmates all try to convince Data either that his loss is not indicative of any serious shortcoming, or that this newfound weakness is simply something he must learn to live with. Finding neither of these perspectives very plausible, his pursuit of fault continues unabated, until the captain of the ship points out a notion which revolutionizes his thinking: "In life, it is possible to make no mistakes, and still lose." With this novel idea in mind, he sets a rematch with the visitor, and wins. Relaying his strategy to his shipmates afterwards, Data explained that he simply stopped trying to win, and instead endeavoured to play for a draw. The visitor, incapable of

imagining any ploy not designed to dominate, quickly lost sense of Data's moves, and became unable to respond effectively to his unique manoeuvres.

The only colleague who did not attempt to reconcile Data to either a negation of the importance of his initial disappointment, or a diminished view of his capacities, was the captain. Encouraging Data instead to consider the different ways in which it might be possible to envision his actions, he opened the door to an alternative epistemology of "playing the game". The alternative Data discovered with this different vision was not that of winning versus losing, domination versus submission, right versus wrong. The option Data created for himself from his new stance was a simple one: staying in the field, being allowed to continue to play, setting up the assurance of continued dialogue.

From Data's re-visioned stance, we might draw useful insights about the moral nature of choice for women in unexpected pregnancy. Life is not a game, and our moral deliberations about unexpected pregnancy are not ideas to be "played with". Still, a broader notion of play as imagining brings us to a more embodied dialogue about women's experience of choice in unexpected pregnancy. Within such a dialogue, setting up women's actions in pregnancy as right or wrong, correct or defective, and important or unimportant becomes less salient, as the pedagogic value of their experience, for them and others, is uncovered through respectful, tactful talk. Whatever a pregnancy is or is not to each woman, her opportunity to inform her actions with a discovery of that personal meaning is only possible to the degree that someone asks her, "What is this like for you?" Only then can she give voice to her experience, and begin to legitimately

consider that she is heard and understood by another. Only then can she, with others, afford to listen to whatever her experience tells us all.

The contribution of this research to our moral thinking about women's experience of unexpected pregnancy remains open to further questioning by others, as does this research - but is this other than it should be? It is hoped that at its least, this research throws a quest for moral certainty, like its social counterpart of the ideal mother, into the relief of extreme doubt. This research asks us to refrain from seeking conscious "rational" certainty about what we should and should not morally do, before we have barely begun asking other questions, such as: What is, and what is not moral experience for us, as humans (Bergum, 1990a; Diamond, 1983; Lippitz, 1990; Walker, 1989)? What is and what is not nurturance (Bergum, 1991)? What is and what is not trust (Baier, 1986; Higgins, 1991). What is and what is not the human composition of language and reasoning (Johnson, 1987; Kristeva, 1986, 1981)? What is and what is not the rightful and articulated contribution of the home of our being, our body, to our moral thought?

Pedagogic Offerings From Unexpected Pregnancy

> For as far back as women could remember, something had hurt about being female. (Wolf, 1991, p.219)

In listening to the stories of four women's experiences of unexpected pregnancy, we re-discover a theme which began in the literature search, and which many scholars insist is endemic to the world we live in: the silence of women's voices in public venues, the absence of their words in a culture that does not wish to know women as they are (Goldenberg, 1990; Kaplan, 1983; Kristeva, 1981; Spender, 1989; Wolf, 1991). In the

view of these authors, the gestation of women's words has been a lengthy one indeed, spanning centuries of painful repression. Long ready to be born, the pregnancy of a pedagogy for women emerges in parts, as each experience of women takes on its own language. In this research, the words of four women offer one pedagogy of unexpected pregnancy. As we consider what we can learn from their experience, we can also ask: What can we teach ourselves and others?

When we consider our questions to this point about the pedagogic value of unexpected pregnancy, those which surface for nursing education might be framed within two central aims in relation to women's health. These aims are to develop nurses who are tactfully competent in their care, and to reconstruct a discourse with women in daily practice which admits their experiences and concerns, acknowledges their bodies and their pain, and accompanies them through their lives as the women they truly are. Simply put, we can ask: How do we educate nurses to re-vision their role with women in their care? In asking this question, we may advance considerably towards generating an understanding of our role as nurse educators, wherever we practice or teach.

As with practice, it may assist us to begin by discussing tact: How do we teach it? Is tact learned? While van Manen (1990a) notes that genuine tact cannot be planned, we are reminded that it can be prepared for, in "the heart and the mind" (p.196). How shall we prepare our hearts and our minds for tact? Is it the same as "communication skills"? Can we best gain it simply by trial and error in our clinical encounters? Can we really apprehend it ever in a simulated learning exercise? How could we better teach tact, and to what end?

If our end for the nurturance of tact in our colleagues and students is to gain better insight into our ethical comportment with those under our care, we may well wish to re-imagine the ways in which we could teach tact. The qualities of text which several scholars find of moral interest provide strong rationale for a reconsideration of the value, for all of the health professions, of an expanded arts and humanities curriculum (Bergum, 1989a; Davis, 1991; Diamond, 1983; Gaddis, 1991; Gadow, 1990; Parker, 1990; Wilt, 1990; Younger, 1990). Developing their own narratives, taking courses in women's studies, education, literature, art, history, and philosophy, and using clinical journals to address practice concerns for nursing students from an innovative stance that incorporates their growing personal experience of nursing. Through these alternative learning activities, we might ask students to search for nursing narratives that illustrate, for them, the differences between kind and cold nurses, the differences between feeling cared for as a patient and feeling discounted, and the differences between feeling effective in their practice and feeling powerless. We can also urge them to note examples of sexism in practice, to examine their feelings about the body work of nursing, and to critique their notions of taboos in care. In the research and other literature which students review for their scholarly work, we can extend their moral dialectic by asking them to tell us what language and what stories become significant to them, and why.

These suggestions for nursing education reflect a need to reconsider what we teach in our exhaustive hours of didactic theory that might be better served by more individual and personalized scholarly work. They are pedagogic strategies which are accompanied by a call to re-evaluate our need for grading in these areas of professional development.

Perhaps the notion of quantifying our students' thoughts on these issues is incompatible with what Evans (1990) has suggested to us about moral development above. These learning activities also represent an intent to realign our emphasis in nursing from one of breaking down and compartmentalizing, to one of re-integrating parts of nursing knowledge to a meaningful whole. Nursing diagnoses, systematic methods of assessment, and elaborate care plans may all serve the novice practitioner to approach the vast and complex world of modern nursing. However, if educators do not assist each student to rejoin the "pieces of nursing" to a place within where practice wisdom can grow, what has been learned?

At the same time, our success or failure to nurture tact in students may depend less on what we ask them than on what we ask ourselves, such as: What is tactful action towards students and patients as a nurse educator? What do I do that encourages students to risk and question, and what do I do that closes down the dialogue of student-teacher (Crowley, 1989)? How does my pedagogical relation with students reflect a respect and caring about people? How does my search for pedagogic moments with my students enable their search for pedagogic moments with those in their care?

As educators we can also take our role modelling for students to the next step of community service, enacting the ethic of care which we wish to see our students take on. We can take teaching dolls to children's schools and groups to talk about health, and use the correct names, respectfully and openly, for all our body parts. We can participate in public media efforts that bring our research to our communities, as well as seeking to influence our colleagues through scholarly presentations and publications. We can be

involved in community efforts with older teens, adults, and elderly people which demonstrate that we believe, as nurses and as human beings, that we are part of a larger whole, a whole which needs our nurturance, and gives us nurturance.

From that same understanding of our communal whole, we can question accepted practices in our culture and in our health care system which violate women and their sense of self with our students and our colleagues. If Demi Moore, naked and pregnant on a magazine cover (Vanity Fair, August, 1991), comes up in clinical conference in a casual and joking way, we can gently lead our students through a probe of what our jokes and unease with powerful, pregnant, and sexual women is bound up in within our culture (Bergum, 1990a, 1989c; Faulder, 1991; Rothman, 1989; Wolf, 1990). On behalf of our patients, our students, our children, and others, we can insert Walker's (1989) questions, and let our students answer. We can ask, we can listen, and we can question together: What is at stake here?

Finally, as nurse educators we can demonstrate, to the best of our own human limitations, the relationships between disciplines which we wish to embody in our nursing care. We can stand up to unethical conduct and lack of tact in ways that are more quietly effective than loudly righteous, remembering that noise is not strength, but that a commitment to persist tactfully with ourselves and others may be powerful. We can show, by working with our colleagues as collaborators, that we believe it is our patients, and not ourselves or any other profession, who are at centre of our caring world. We can extend this interdisciplinary respect through the establishment of regional bioethics centres, where joint teaching and research activities can be undertaken with students,

with practitioners, and with individuals and groups in our communities. Through these scholarly activities, we can rejoin the words of our patients, and the hopes of our communities, to our practice and to our curriculum.

Future Research For Women: Following Their Voices

In this research, the words of four women anchored a hermeneutic, phenomenological interpretation of the experience of unexpected pregnancy. For each woman in this research, choice was central to their pregnancy; each woman struggled to make a choice that she could believe in. This work did not consider women for whom choice is not an issue in pregnancy, either because they welcome it, because they believe they have no choice, or because they do not find their choices difficult ones. However, clinical practice and this research also suggest that we do not know, until we talk with many more women, what the experience of unexpected pregnancy is for any of these apparent groups of women. We need more research in this mode and others, to better understand what the nature of choice in unexpected pregnancy is for women, irrespective of their beliefs prior to finding themselves pregnant.

Similarly, we do not know how women experience their choices in a variety of reproductive decisions. What is the same for women, and what is different, about becoming a mother through chosen pregnancy, unchosen pregnancy, artificially created pregnancy, and adoption? What is the same for women, and what is different, about selecting a contraceptive method in a physician's office or a clinic, about undergoing surgical abortions in hospitals and clinics or self-administering RU486, about receiving

pregnancy care from physicians or midwives, about birthing in alternative centres or in hospitals? How does each of these experiences inform a woman's understanding of herself as woman, or as mother? How do any of these experiences inform our own understanding of ourselves as caregivers?

This research also indicates that we should concertedly pursue our identification of other taboo topics in women's health, in order to develop a more global understanding of women's experience of health care in a society which denatures them. We can seek out and obtain more accounts from women of such hidden stories as their embodied experiences of the presence of the fetus in pregnancy (Bergum, 1990a, 1989c; Watkins, 1986), abortion, miscarriage, birth (Bergum, 1989a), and breastfeeding (Bottorff, 1988). We can also explore the beliefs of both nurses and patients about how physical care should be carried out, how we might speak about the body with each other, and what privacy and dignity mean to people when they are in our care.

We can then take up our understandings of these experiences and look again at the language of our moral discourse, to ask how it does or does not reflect a recognition of these experiences. We can ask how trust enters our moral thought (Baier, 1986), how nurturance might guide our world (Bergum, 1991), and what "admissible concerns" constitute our moral theory (Walker, 1989, p.19). Literature critiques in select areas of bioethics, such as the new reproductive technologies, the abortion debate, genetic research, and transplant technologies, will assist us to identify the predominant language and paradigms of our moral thought, and to search for the gaps in the dialectic; the gaps

through which we can voice what has not been questioned, and begin to introduce change (Bergum, 1989b; Hynes, 1989; Kaplan, 1983; Sherwin, 1989a).

We can also ask more about the meta-language of such medical "diagnoses" as premenstrual syndrome (Sherwin, 1989b), menopause (Dickson, 1990), post-partum depression, and other possible medicalizations of women's normal life experiences (Tomm, 1990). Klitsch (1991) points out that after thirty years of research on oral contraceptives, women have not been asked such basic things as: How often do you find that you just cannot take the pill as directed? What are the most common things that interfere with using your contraception as you would like to? When you sought out contraceptive counselling, did anyone ask you what method you thought would work best for you? The absence of these questions from three decades of contraceptive research underscore the urgent necessity for more exploratory work like Swanson's study (1988). As with women's experience, we need to ask in our research what questions are missing, silent, not asked; what methods serve the needs of women, and which only serve the careers of researchers (Anderson, 1991).

As we contribute more feminist critiques to the moral discourse, we can refine alternate modes of ethical inquiry for exploration into human problems, and expand our understanding of what constitutes genuine ethical inquiry. In the alternate view of ethical inquiry proposed in this work, narratives serve our moral imagination (Gadow, 1990; Diamond, 1983; Murray, 1986), and this research is ethical inquiry.

An additional pedagogic contribution of this research may be a renewed interest in exploring other experiences of nurturing for further exploration, such as teaching (van

Manen, 1990b), fathering (van Manen, 1990), and nursing experiences of caring (Benner & Wrubel, 1989; Davies & Oberle, 1990; Forrest, 1989). It is possible that as we extend our notion of what nurturance is and is not, we will gain the ground of what is more than maternal, and more than women's experience: the ground of human growth and love.

Summary: A Pedagogy Of Unexpected Pregnancy

> We live in a civilization where the consecrated (religious or secular) representation of femininity is absorbed by motherhood. If, however, one looks at it more closely, this motherhood is the fantasy that is nurtured by the adult, man or woman, of a lost territory; what is more, it involves less an idealized archaic mother than the idealization of the relationship that binds us to her, one that cannot be localized - an idealization of primary narcissism.
> (Kristeva, 1986, p.161)

If many women in unexpected pregnancy find themselves unable to align their experience in fact with a fantasy world where every pregnancy brings motherhood, what is it that may be at stake? In her work on artistic representations of pregnancy and choice in contemporary fiction, Wilt (1990) claims that the lost territory Kristeva describes in our fantasy of motherhood is the "plenitude, absolute fullness" (p.1) which she claims all of us first found in the body of woman as our own mother. The problem with this fantasy, both Wilt and Kristeva seem to concur, is that our only way as adults to rejoin this land of unconditional love is to perpetuate a fallacy about women. That fallacy relies on the notion that for every woman who becomes pregnant, the role of mother is always the best "choice" - even when our social context, the language of our laws and our relationships, and the physical nature of women's experience seldom make pregnancy truly "chosen" (Young, 1984).

Several scholars contend that within this fallacy, mothers and children struggle to survive in a society that does not value women or children, does not recognize the communal nurturance which parents and children require, and does not allow women or children to voice the true nature of their experiences (Bergum, 1990a; Kaplan, 1983; Kristeva, 1981; Rothman, 1989). Women's experiences of pregnancy, birth, and mothering are medicalized, supervised, and advised on by a multitude of professional "experts," while women themselves are rarely even asked, "What is this like for you?" Rarely listened to, we might wonder how there can be any women who remain able to listen to themselves, and able to understand and learn from their own experiences. How do women, in a society which fantasizes them, find a way to live their lives as they truly are? And what is the cost to all of us, if they do not?

The alternative to our untenable fantasy of a world of women who will guarantee unconditional love and acceptance of every pregnancy, Wilt suggests, is to confront the fear of an "all-pervading 'lack'" (1990, p.1) which underlines this fallacy. Lack in this sense represents, to Wilt, our common adult experience of incompleteness, emptiness, and loss of plenitude and love as we once knew it in infancy. Never able in our adult lives to re-experience the "absolute fullness" (Wilt, 1990, p.1) which being mothered gave us, we seek completion again through other means. These means include having our own children, and feeding a fantasy of a world where every possible child is born and wanted, every woman available to nurture us indefinitely without asking for nurturance of her own (Kaplan, 1983; Kristeva, 1981)

While Wilt (1990) acknowledges this lack as real, she does not think that its compensation is found in forcing women to complete every pregnancy, regardless of the possibilities for herself, her child-to-be, or others. Rather, the adult experience of lack which Wilt asks us to redress is situated in the broader ground of our ways of not living well with one another, not listening to one another, and not nurturing one another. Wilt's approach to amend this real lack of care for and commitment to one another does not have room for "inherited, enforced, ascribed" maternity, but instead a "new sexuality, a born-again maternity (with)...wider possibilities to the individual, possibilities for integrating lives, creating new lives" (1990, p.1). Such possibilities, from Wilt's perspective, cannot depend on coercing women's choices inside or outside of pregnancy. Conversely, Wilt contends that this realization of our human potential must rely on "activity and community" (1990, p.1).

Completing ourselves as adults by other means than policing women's pregnancies and births calls for alternate ways of accompanying women through the natural experiences of their lives, and for better ways of providing real and loving company to all the children who are born into our communities. Completion becomes possible when we find the courage to turn from our real fear of lack, which represses our thinking and our lives, towards our equally real need for nurturance. A quest for ethical completion as men and women, rather than fantasized plenitude through the repression of women, invites us to be vulnerable to the other, and to open up the dialogue on unexpected pregnancy and other human experiences. Can we ask every woman to accept vulnerability to the developing self-other which pregnancy offers, before we have found,

as a community of human beings, how to accept our vulnerabilities to and need for each other?

To remain with our fear of lack leaves us in familiar, well charted, but frightening territory. With fear too deep to plumb, we meander through rising numbers of abortions and repeat abortions, rising rates of sexually transmitted diseases and infertility, rising numbers of children birthing and raising children, and rising numbers of children not knowing who or where, in the maze of new reproductive technologies, they come from. In fear, we track the contorted rage of screaming opponents in the abortion debate, the senseless terror of clinic bombs, the cries of neglected and abused children, and the weeping of women. Out of fear, we cover our sexuality, hide the unexpected pregnancies that speak of women's sexuality, ensure the birth of children whom we do not nurture, and reproduce our fear. Our fear lives on, stronger with each minute that we live it. This is the land we know and recognize, where women and children are hidden and silent, their experiences kept from language. But no amount of repression can keep the devastating consequences of their silencing from our view, and the statistics grow.

To turn towards our need for nurturance takes us to lesser known ground, but it allows us to continue charting the land of both women's experience, and ourselves as human beings. It asks of us to trust ourselves and each other, and to risk the loss of control inherent to situations requiring authentic trust: human situations. We can never regain the complete trust and immediate knowledge of our mothers' bodies, never hear her voice from inside as a developing, nurtured other. But if we can trust the voices of these and other women who speak to us about their experiences of pregnancy, choice,

and mothering, we may begin to re-know ourselves and others, in an ethic of nurturing relation (Bergum, 1991). In need of trust and nurturance, we have to dismantle our fantasies of equal relationships, of fairness, of unconditional plenitude gained at the cost of women and children's lives. We have to turn to realities, the fact of human life rather than the idea of it (de Castillego, 1990, p.94). We have to create communities which are homes for women, men, and children as "who we truly are" (Bergum, 1989c, p.75). We start by regaining women's land where it truly lies, and allow women to voice themselves as who they truly are.

Such activity does not rest with the reclamation of women's experiences alone, however. As we allow women's voices to show us their lives and their land, their stories become icons which point towards how we wish to live. With the commitment to create community as home and nurture one another, we follow other voices, ones sounded not by mothers or fathers, men or women, but ones reaching up to us: the voices of children. We value the nurturance of each other and our world not because of an idealized mother or a newly liberated father, but because of the pedagogic gift which children offer us all, men and women, mothers and fathers. We find, as community, what it is to commit to the nourishment of developing others, and what we can learn about ourselves as humans in no other way but in relationship with each other: that "The Other enables me to do more than I can do" (Lippitz, 1990, p.55). Perhaps we must recognize that to see what we are capable of, we must pursue our search for understanding of our relations with others, and our understanding of nurturing relations.

This research is not over, but this particular account of women's experience of unexpected pregnancy has found its proper place. It is hoped that many nurses and others will use this research to re-vision their notions of tactful care and ethical comportment towards women who experience unexpected pregnancy, as well as others. The experiences of unexpected pregnancy related by the women in this research, as well as those available to us in our daily practice, offer a beginning pedagogy for nursing in practice, research, moral theorizing, and education. That pedagogy teaches us that tact towards each other and those we care for is integral to ethical practice, research, and dialogue with each other. It tells us that we have seldom asked women in either our research or our practice, "What is this like for you?," and we have therefore seldom encountered women as they truly are. If we hope to add either their voices or our own to our thinking about unexpected pregnancy, we must begin by allowing their experience into our language.

To silence women is to silence ourselves, and that silence is deafening us. Silence denies either women or caregivers safe passage through unexpected pregnancy, and many other human experiences. Any future contributions which the questions initiated by this research might make to our moral theorizing in abstraction is secondary to the primary parable to be reached in this interpretation of four women's experience. That parable concerns the nurturance and trust which women need in unexpected pregnancy, and which we as ethical caregivers need to give. It begins with asking, as Lippitz (1990) does, what the Other can teach us about our own moral capacities:

> ...my responsibility springs from an obligation brought about by the Other, who acts as my master (maitre). He or she enables me to do what I am not able to do myself: to discover myself as an I in my responsibility for the Other. (Lippitz, 1990, p.59)

What do the giving of nurturance, trust, listening, and respect to women in unexpected pregnancy offer us, regardless of our personal values about choice in pregnancy? Is it the reward of giving itself, of knowing that a need was responded to? Lippitz suggests, as do the stories of women in this research, that where response to an Other is made, there is something more at work, something more at stake (Bergum, 1989c). That something more is the revelation of what we see of ourselves *and* the Other, in our act of giving and receiving; the "give and take" of life. It is the knowledge which we create and share about what is good about giving, and what is good about being given to, what it is to be loving, and what it is to be loved. We give and receive to learn, and it is in this ethical relation *between* one and Other that we come to understand a relation which rejoins us to the dialogue of being human.

We cannot fantasize the motherhood of any woman in unexpected pregnancy, and we cannot cure her pain, or our own, by denigrating her experience of self as woman. Further, just as we cannot villify women for their choices in unexpected pregnancy, we must not glorify the values of trust, nurturance, love, and care. To fantasize these values, rather than explore them in their real ground of human experience, is to relegate them to those "best-suited," creating a permanent ghetto of denatured women and super-natured mothers. The ethical relation with Other teaches us that as a community of humans, we must recognize the activities and capacities of these unequal ethical relations,

and all ask, together, this question: How can we set up the world again for children - how can we, with mothers, hear their voices?

The purpose of this research was to ask women in unexpected pregnancy: "What is this like for you?" That purpose now extends itself, as the voices of these women ask us to understand what they are bound up in as they make choices in unexpected pregnancy. The purpose which their voices give this research is one of commitment and connection to each woman who comes to us for care in unexpected pregnancy. It is a hope that each caregiver, regardless of personal values about choice in unexpected pregnancy, will value above all the voice of the woman who seeks their care. If we can ask each woman, "What is it like for you?", we may be able to find safe passage to a land where we understand one another as we are, and where we can nurture one another towards who we wish to be.

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Appendix A

Sample Guiding Questions

The First Conversation

1. How does this pregnancy affect you?
2. How do you feel?
3. Who did you tell about this pregnancy?Who do you think you can tell? Who can you not tell?
4. What does this pregnancy mean to you? What do you think it means to others?
5. What do you think would help you right now? Who do you think can help you?
6. Who is important to you right now? Why?
7. Who is least important to you at this point? Why?
8. What options are you considering for this pregnancy? (parenting, adoption, abortion) How do you feel about each of the options you are considering?
9. Do you have concerns or fears about this pregnancy?
10. Do you think about how you will feel in the future, after you have made a choice about this pregnancy?

The Second Conversation

It is essential to note that subsequent questioning in the research process depends very much on the meanings emerging from the first conversation with each woman (van Manen, 1990a; Bergum, 1989a; Moccia, 1988). The following questions were therefore only possible examples of ways in which subsequent conversations, once a decision about the pregnancy has been made, might proceed.

1. How does being pregnant/not being pregnant feel for you?
2. How do you feel about the choice you made?
3. Is there anything about your choice that is not O.K. for you right now? Could that change for you over time?
4. Has this experience changed you? How? In what ways?
5. Who turned out to be helpful to you during this experience? Can you give an example of how they helped?
6. Who was not helpful to you? Can you give an example of what was not helpful?

Appendix B

Advertisements

Initial Newspaper Advertisement

UNEXPECTED PREGNANCY

I am a graduate student in nursing who is doing research into women's experience of unexpected pregnancy. If you are less than twelve weeks pregnant, under a doctor's care, and would like more information about this research, I would like to talk with you about my study. Please call **492-6676 or 486-5368** for more information.

Revised Newspaper Advertisement

UNEXPECTED PREGNANCY

I am a graduate student in nursing who is researching women's experience of unexpected pregnancy. If you are less than twelve weeks pregnant and under a doctor's care, or have experienced an unexpected pregnancy within the last year, I would like to talk to you about my study. Please call **492-6676 or 486-5368** for more information.

Appendix C

Record Of Conversations

Conversations were held with the four women in this research on the following dates:

Mary	February 9, 1991	Taped & Transcribed
	February 20, 1991	Taped & Transcribed
	March 21, 1991	Taped & Transcribed
	June 19, 1991	Phoned & Annotated
	July 16, 1991	Phoned & Annotated
Katherine	April 19, 1991	Taped & Transcribed
	May 22, 1991	Taped & Transcribed
	May 28, 1991	Personal & Annotated
Maggie	May 11, 1991	Taped & Transcribed
	June 10, 1991	Personal & Annotated
	July 18, 1991	Personal & Annotated
Vanessa	May 18, 1991	Taped & Transcribed
	June 13, 1991	Phoned & Annotated
	July 22, 1991	Phoned & Annotated

Appendix D

Information for Potential Research Participants
CALL 492-6676 OR 486-5368 FOR MORE INFORMATION

UNEXPECTED PREGNANCY

My name is Patricia Marck. I am a graduate student in nursing. I am doing research into women's experience of unexpected pregnancy. Nurses need to better understand what women experience when they find themselves pregnant and unsure of what to do about their pregnancy. It is hoped that this study will help nurses to understand and give better care to women with unexpected pregnancy.

If your pregnancy has been confirmed by your physician, and you are willing to talk about what your situation is like for you, you might wish to join this study. If you join this study, you would need to meet with me at least twice, to talk about your experience. These meetings could take several hours of your time, but the amount of time spent talking is your decision. We will meet at a time and place that is acceptable to you. Our conversations will be taped, and then typed. All personal information about you will be deleted from the tapes and typed material. All tapes and typed materialy will be kept, with a code name, under lock and key, to protect your privacy.

If you would like more information about the study, please call me at **492-6676 (work)** or **486-5368 (home)**. I will be glad to answer any questions that you have. You may think about it for as long as you wish. If you choose to join the study, you may phone me to arrange a meeting at your convenience. If you join this study, you may also stop at any time. If you choose to withdraw from the study, you do not have to explain your reasons.

Appendix E
Consent Form

Title of Research: The Experience of Unexpected Pregnancy
Researcher: Patricia Marck, B.Sc.N., M.N. Candidate
Supervisors: Dr. Vangie Bergum & Dr. Darle Forrest
Faculty of Nursing, University of Alberta
Edmonton, Alberta
492-6676 or 486-5368

Purpose of the Study: The purpose of this research is to find out what it is like to have an unplanned pregnancy and not be sure of what to do about being pregnant. From listening to women who are having this experience, the researcher hopes to better understand what this situation feels like for women, and how nurses can best help them.

Procedure: If your doctor has told you that you are less than twelve weeks pregnant, you may join the study if you wish to talk about your experience. If you join the study, we will meet at least once before the end of the twelfth week of your pregnancy. We will have at least one more meeting, after a decision about your pregnancy has been reached. The meetings will be at a time and place that is acceptable to you, and will last as long as you wish, and no longer. The conversations we have will be tape recorded. The tape recording will later be typed by a secretary, after a code name has been assigned to your tape, and all identifying information about you has been deleted. After the tape recordings are typed, I will show them to you. You may take out anything you do not wish to be there. I will also show you my written work if you wish to see it.

Voluntary Participation and Confidentiality: **Taking part in this study will not affect your medical care in any way. You do not have to join this study unless you want to. No one except the researcher will know that you are in this study, if you join it. You are free to drop out of the study any time. To drop out, you may simply phone or write the researcher and say that you want to stop taking part. No explanation is needed.**

Your real name will not appear in the study. You will not be identified in any way in the information written from the study. Names said on tape will be deleted before the tapes are typed. Your tapes and typed material will be given a code name. All tapes, typed material, and personal information about you will be kept locked up by the researcher throughout the study. After the research is completed, the typed material will be kept locked up. Personal information about you will be destroyed after five years.

You may have the tapes destroyed if you wish after they are typed. Your name will not appear on any reports, articles, or talks about the study. You will not be contacted at any time during the study unless you ask the researcher to contact you. You will not be contacted after the study is over, to protect your privacy. You can obtain a final report of the study by filling out the attached sheet, or by contacting the researcher.

Risks: Taking part in the study may or may not help you decide what you want to do about your pregnancy. I want to understand what this experience is like for you, and I will ask very personal questions. You may find that there are things which are painful to talk about. You do not have to talk about anything you do not want to. From time to time in the study the researcher will ask if you wish to continue. The researcher will also refer you to your physician for any medical concerns that you may have while you are in the study.

Use of This Research: Typed material from this study may be used in future studies about women with unexpected pregnancies. If this is done, the research will have to be approved by an ethics committee, as this research has been.

If you have any more questions after reading this consent, please talk to the researcher, Patricia Marck, before deciding if you want to join this study.

Consent: I, _____, have read this consent form and discussed it with the researcher, Patricia Marck. I agree to take part in this study, called "The Experience of Unexpected Pregnancy". I have asked any questions that I have about the study and my part in it. All my questions have been answered at this time.

I understand that typed material from this study may be used in future studies about women with unexpected pregnancies. If this is done, the research will have to be approved by an ethics committee.

I know that during the study, if I have medical concerns, the researcher will refer me to my physician. I do not have to follow any advice the researcher might offer me. I may also leave the study at any time, with no explanation. I have been given a copy of this consent.

_____ _____

Signature of the participant Date

_____ _____

Signature of the researcher Date

Please note:
If you wish to receive a summary of the study after it is finished, please send this to the researcher at the following address:

Patricia Marck
Joint-Faculties Bioethics Project
222 ANR
8220-114 St.
Edmonton, Alberta T6G 2J3

I wish to receive a copy of the summary of your study:

Name_____

Address_____

Appendix F
Individual Narratives

Mary

Mary, 37 years old and married with two teenage daughters, had graduated from nursing a few months before joining the research. Her daughters were fathered by her first husband, who she divorced after several years of tolerating his steadily worsening drinking. Since their divorce, he has stayed in the house when he is sober, and helped parent their daughters as he felt able. They share a trust and understanding, and he does not come to the house when he has been drinking. Her second ex-husband also sustains a relationship with Mary and her daughters, visiting them whenever he is in town. Mary is not one for breaking ties. Her third marriage was already foundering as she entered this pregnancy; her present husband does not understand her need for work that is important (nursing), or for an open lifestyle which includes many relatives and friends. For Mary, any other life was unimaginable; she recounts a lifetime of connections to people since feeling responsible for her siblings as a child, when her mother first became ill.

This pregnancy was Mary's sixth, and came as a suprise after chemotherapy and radiation treatments for cancer two years previously. Her first children, twins, died after premature births, and she had two spontaneous abortions between the births of her daughters. Her experiences of serious illness, loss, and mothering supported her conviction that each woman must make her own choices about pregnancy. She decided to continue her pregnancy, but then began to miscarry during an ultrasound exam, and later lost her pregnancy in hospital. Her experience of pregnancy had far-reaching effects for her even in its loss, however. She followed up on the independence she had taken in choosing to continue this pregnancy without her husband's support by taking a nursing position up north in a small community. All the friends and relatives who had perpetually leaned on Mary for years were thrown into upheaval, but Mary knew it was right for her. She loved her work and the sense of living for herself and her daughters, the core with whom she experiences mutual love and respect. She has met a man in the community, and she is enjoying herself and her life in a renewed, stronger way, one which she attributes as beginning with her experience of this unexpected pregnancy.

Katherine

Katherine came to this research because of a call she made to a local reproductive health clinic, where a nurse gave her information about the project. At 23, this pregnancy presented the possibility of a fourth abortion, if she submitted again to her boyfriend's wishes in the matter. Ten years of domination and abuse from her father seemed repeated in a more sophisticated fashion within this relationship of six years. Unlike her father, her boyfriend did not hit her. But, like her father, he tried to control her, he was not there for her when she needed him, and she felt no self-esteem around him. It was her fear of scarring which finally overcame her fear of her boyfriend's reaction, when Katherine decided that with this pregnancy, she would decide what she was going to do, and not him. She had been trying for some time to break from his hold on her, and this pregnancy seemed not the beginning of, but simply the next step towards a different and stronger sense of herself. The better care she had been giving herself for awhile seemed to correspond to the inner attunement she felt bodily with this pregnancy, and she sought to stay away from him while she considered her choice about this pregnancy.

Katherine, as she attended to herself, realized that she wanted to continue her pregnancy. She did not feel totally ready to be a mother, and yet this time she could imagine motherhood; the other times of pregnancy, she had never been able to do so. She involved the people who she knew would support her decision, her sister and her mother. She told her boyfriend, and experienced suprise in both her assertiveness with him, and his acceptance of her will. She almost bought baby items on sale one day, but somehow felt a holding back. Cramps started soon afterwards, and she eventually lost her pregnancy, undergoing two exploratory surgeries in the process. She worries that her history of abortions was the cause, but her physician thinks she can conceive again, and carry a pregnancy to term. Katherine has decided to go with his forecast until proven otherwise. She does not feel the need to get pregnant again immediately, but she knows something important about herself after this experience of making her own choice: she wants to be a mother some day, and she thinks that she can be.

Maggie

Maggie came to the research eight months after an abortion she had chosen, but had found deeply painful. A business woman completing an MBA, she was in the midst of breaking up with her lover when she discovered her pregnancy. She had been pregnant before in a previous relationship, and had an abortion without remorse; she believed strongly in choice for women, and the pregnancy had not been a possible baby for her. With this pregnancy, she faced a different experience, however. There had been plans for marriage and a child, and while she had been trying to delay the timing of pregnancy with an intruterine device, she and her lover had agreed that an unexpected pregnancy would simply speed up their marriage plans.

Her lover's rapid removal of support on discovery of her pregnancy was abandonment for Maggie. She chose abortion again reluctantly, feeling no viable option for herself or a possible child. She vowed not to undergo another hospital abortion, where she had felt humiliated and out of control. A physician friend gave her an abortifacient to take at home, and she passed her fetus alone in her apartment. A priest began the healing for her that she needed after she inadvertently discovered the sex of her fetus. It became a baby to her that she felt she should have been able to have, a baby girl she felt robbed of by her boyfriend's cowardice. Still, she did not see that the abortion was not meant to be, given her circumstances. Rather, she felt that she would never again love a man who could not give her the love she felt she deserved, the love she felt would have enabled her to risk motherhood.

With the anniversary of her abortion drawing closer, Maggie felt no doubt about her decision, or herself. She had done the right thing in her view, both for herself and a hoped-for-child. She was gaining the strength, through counselling and good friendships, to face her pain. She accepted herself and her life for what it had taught her, and she looked for relationships only with others who could do the same. She does not know whether she will ever have a child. She does know that she will never risk the possibility again, except with a man who gives to her what she knows she is worth giving.

Vanessa

Vanessa called about the research project three weeks after her son's birth. Newly married at 22 on the heels of her unexpected pregnancy, Vanessa saw the research as a first chance to tell anyone what the experience of unexpected pregnancy had been for her; no one had ever asked her. Her first reaction to the news of her pregnancy was that she wanted an abortion, but everything she had ever been taught went against exploring that notion. Friends and family all told her she must have the baby, and she did not recall anyone ever asking her what she wished to do. Suffocating in a sea of relatives and friends who had advised her throughout her pregnancy and first days of mothering, Vanessa struggled with the possibility of giving her son up for adoption, over her husband's strong objections. She did not really know whether relinquishing him was the right thing for him or for her; she only knew that no one would listen to her need to talk about what a child in her life meant to her. No one had listened to her from the outset of her pregnancy, and now the presence of her son's need for her turned her to the researcher, still in search of someone to listen.

Vanessa wrestled with her own experience of being adopted and searching her roots with a present experience of birthing and nursing a newborn son of her own. Someone who looked like her was an experience she had never had; in her own adoptive family she had always felt that she did not fit, physically in appearance, or emotionally in temperament. She had no doubt that her adoptive family loved and wanted her, and she felt that the option of adoption might give her own son the best chance for a good life, a life with parents who both loved him **and** wanted him. For Vanessa, there was a vital distinction between loving and wanting her son: loving him was unavoidable, but wanting him, especially when she felt that no one wanted to hear her experience of being his mother, seemed illusive. In fact, it seemed that her love for her son was what told her how important wanting him also was. She saw what his needs were, and wanted them met willingly, not just out of obligation. She needed to see that others, like her husband, could and would see that difference too, the difference of welcoming a child and truly acknowledging the profound responsibility that loving them brings.

As the research progressed, Vanessa found that the dialogue begun with the researcher continued with her husband. His fear of her participation became the starting ground for new talk between them, talk of what their son meant to their lives, and what Vanessa neeeded from him to commit to mothering. She was still unsure, at three months after his birth, what she would do. But she felt, as her conversations with her husband continued, a different relationship with both him and their son. She wanted to keep talking, and continue to listen to herself and her son and husband. Her choice, she felt, would unfold itself in their continued dialogue.